

INSTRUCTIONS

This "Data Sheet" document contains information that insurers, foreign risk retention groups and other insurance entities (collectively, "taxpayers") must use for annual tax and fee filings required pursuant to Arizona Revised Statutes ("ARS") § 20-224 and other laws. Please obtain your page of the Data Sheet using the following steps:

- 1. Find the taxpayer's page of this report.**
The easiest way to do this is to find the page with the taxpayer's NAIC number on it. In rare instances, the Department of Insurance has assigned a different number from the NAIC number; therefore, if you are not able to find the taxpayer's page using the NAIC number, find the page using the taxpayer's name.
- 2. Print the taxpayer's page of this report.**
Only print the one or two-page Data Sheet that pertains to the taxpayer. You should not print all of the Data Sheet pages. The page number(s) that you need to print is/are in the upper right corner of the Data Sheet. For example, to print this INSTRUCTIONS page, you would print from page 1 to page 1. Go to the next page of the Data Sheet to see if you need to print it as well.
- 3. Follow Data Sheet instructions and use information on tax, fees and retaliation reports.**
The Data Sheet tells you what you need to file, and in some cases, provides information you need to enter on forms you need to file. The Data Sheet provides information we have readily available and is intended to cut down on the research you need to complete; however, the Data Sheet may not provide all information you need to enter on forms that you need to file.
- 4. Attach your page of the Data Sheet to your tax and fees report.**
If you are submitting your report on paper, attach the taxpayer's Data Sheet to the back of the tax and fees report, but BEFORE (in front of) a print out of the taxpayer's Schedule T and Arizona State Page. If you are submitting your report on OPTins, attach a PDF named "Data_Sheet.PDF" containing the taxpayer's Data Sheet page.
- 5. Contact us if you have any questions.**
If you have any questions or concerns about the information on the Data Sheet, or questions about requirements for reporting and paying taxes, fees or retaliation, contact Susan Yopez with the INSURANCE TAX UNIT at syopez@azinsurance.gov, or by calling (602) 364-3997.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	5398	NATIONAL WARRANTY INSURANCE RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10006	PARTNERRE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10007	NEVADA GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,842.42
4/15/2017	\$6,879.28
5/15/2017	\$6,879.28
6/15/2017	\$6,879.28
7/15/2017	\$6,879.28
8/15/2017	\$6,879.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$41,238.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10007-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,594 vehicles covered during 7/1/2016 to 12/31/2016		\$1,297.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10008	WESTERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10014	AFFILIATED FM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$25,575.29
4/15/2017	\$25,575.29
5/15/2017	\$25,575.29
6/15/2017	\$25,575.29
7/15/2017	\$25,575.29
8/15/2017	\$25,575.29
TOTAL INSTALLMENTS PAID IN 2017:	
	\$153,451.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10019	CLEARWATER SELECT INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10020	UNITED EDUCATORS INSURANCE, A RECIPROCAL RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10023	ALLIANCE OF NONPROFITS FOR INSURANCE, RISK RETENTION GR
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10030	WESTCHESTER FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$34,265.20
4/15/2017	\$34,265.20
5/15/2017	\$34,265.20
6/15/2017	\$34,265.20
7/15/2017	\$34,265.20
8/15/2017	\$34,265.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$205,591.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10051	LYNDON SOUTHERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,923.64
4/15/2017	\$3,923.64
5/15/2017	\$3,923.64
6/15/2017	\$3,923.64
7/15/2017	\$3,923.64
8/15/2017	\$3,923.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,541.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10051-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2,054 vehicles covered during 7/1/2016 to 12/31/2016		\$1,027.00
Auto Theft Authority Assessment for 833 vehicles covered during 1/1/2017 to 6/30/2017		\$416.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10052	CHUBB NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10054	SECURIAN CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,071.13
4/15/2017	\$9,071.13
5/15/2017	\$9,071.13
6/15/2017	\$9,071.13
7/15/2017	\$9,071.13
8/15/2017	\$9,071.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$54,426.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10069	HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$770.07	
4/15/2017	\$770.07	
5/15/2017	\$770.07	
6/15/2017	\$770.07	
7/15/2017	\$770.07	
8/15/2017	\$770.07	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,620.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10071	ENCOMPASS INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,575.34
4/15/2017	\$17,575.34
5/15/2017	\$17,575.34
6/15/2017	\$17,575.34
7/15/2017	\$17,575.34
8/15/2017	\$17,575.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$105,452.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10071-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,750 vehicles covered during 7/1/2016 to 12/31/2016		\$875.00
Auto Theft Authority Assessment for 1,300 vehicles covered during 1/1/2017 to 6/30/2017		\$650.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10072	ENCOMPASS PROPERTY AND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$85,445.08
4/15/2017	\$85,445.08
5/15/2017	\$85,445.08
6/15/2017	\$85,445.08
7/15/2017	\$85,445.08
8/15/2017	\$85,445.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$512,670.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 29,335 vehicles covered during 7/1/2016 to 12/31/2016		\$14,667.50
Auto Theft Authority Assessment for 14,279 vehicles covered during 1/1/2017 to 6/30/2017		\$7,139.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10075	CONSUMER SPECIALTIES INS. CO., RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10080	HEALTH PROVIDERS INSURANCE RECIPROCAL, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10081	AMBASSADOR INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10083	NATIONAL CATHOLIC RISK RETENTION GROUP, INC. (THE)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10084	TITLE INDUSTRY ASSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	10105	VICTORIA SELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$638.25	
4/15/2017	\$638.25	
5/15/2017	\$638.25	
6/15/2017	\$638.25	
7/15/2017	\$638.25	
8/15/2017	\$638.25	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,829.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 230 vehicles covered during 7/1/2016 to 12/31/2016		\$115.00
Auto Theft Authority Assessment for 192 vehicles covered during 1/1/2017 to 6/30/2017		\$96.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10111	AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$107,799.74
4/15/2017	\$107,799.74
5/15/2017	\$107,799.74
6/15/2017	\$107,799.74
7/15/2017	\$107,799.74
8/15/2017	\$107,799.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$646,798.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$344.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10111-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10111-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 4,200 vehicles covered during 7/1/2016 to 12/31/2016		\$2,100.00
Auto Theft Authority Assessment for 4,100 vehicles covered during 1/1/2017 to 6/30/2017		\$2,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10113	TERRA INSURANCE COMPANY (A RISK RETENTION GROUP)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10117	SECURITY FIRST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10120	EVEREST NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,861.83
4/15/2017	\$10,861.83
5/15/2017	\$10,861.83
6/15/2017	\$10,861.83
7/15/2017	\$10,861.83
8/15/2017	\$10,861.83
TOTAL INSTALLMENTS PAID IN 2017:	
	\$65,170.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 361 vehicles covered during 7/1/2016 to 12/31/2016		\$180.50
Auto Theft Authority Assessment for 304 vehicles covered during 1/1/2017 to 6/30/2017		\$152.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10127	ALLIED INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,200.10
4/15/2017	\$11,200.10
5/15/2017	\$11,200.10
6/15/2017	\$11,200.10
7/15/2017	\$11,200.10
8/15/2017	\$11,200.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$67,200.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10127-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,120 vehicles covered during 7/1/2016 to 12/31/2016		\$560.00
Auto Theft Authority Assessment for 768 vehicles covered during 1/1/2017 to 6/30/2017		\$384.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10130	SU INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10155	WELLCARE PRESCRIPTION INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10155-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10155-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10160	PHOENIX HEALTH PLANS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$149,888.52
4/15/2017	\$149,888.52
5/15/2017	\$149,888.52
6/15/2017	\$149,888.52
7/15/2017	\$149,888.52
8/15/2017	\$149,888.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$899,331.12

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10164	CPA MUTUAL INS. CO. OF AMERICA RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$363.40
4/15/2017	\$363.40
5/15/2017	\$363.40
6/15/2017	\$363.40
7/15/2017	\$363.40
8/15/2017	\$363.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,180.40

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10166	ACCIDENT FUND INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10166-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10171	ORDINARY MUTUAL, A RISK RETENTION GROUP CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10177	MOUNTAIN STATES INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10178	FCCI INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10200	HISCOX INSURANCE COMPANY INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$19,744.09
4/15/2017	\$19,744.09
5/15/2017	\$19,744.09
6/15/2017	\$19,744.09
7/15/2017	\$19,744.09
8/15/2017	\$19,744.09
TOTAL INSTALLMENTS PAID IN 2017:	
	\$118,464.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2017 to 6/30/2017		\$3.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10204	CONSUMERS INSURANCE USA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10204-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10212	ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10216	AMERICAN CONTRACTORS INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,517.62
4/15/2017	\$4,517.62
5/15/2017	\$4,517.62
6/15/2017	\$4,517.62
7/15/2017	\$4,517.62
8/15/2017	\$4,517.62
TOTAL INSTALLMENTS PAID IN 2017:	
	\$27,105.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10219	QBE REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10219-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10219-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10220	COMMONWEALTH INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10222	PACO ASSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$743.68
4/15/2017	\$743.68
5/15/2017	\$743.68
6/15/2017	\$743.68
7/15/2017	\$743.68
8/15/2017	\$743.68
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,462.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	10226	UNITRIN DIRECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$373.52	
4/15/2017	\$373.52	
5/15/2017	\$373.52	
6/15/2017	\$373.52	
7/15/2017	\$373.52	
8/15/2017	\$373.52	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,241.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 119 vehicles covered during 7/1/2016 to 12/31/2016		\$59.50
Auto Theft Authority Assessment for 83 vehicles covered during 1/1/2017 to 6/30/2017		\$41.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10227	MUNICH REINSURANCE AMERICA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10227-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10232	AMERICAN ASSOCIATION OF ORTHODONTISTS INS. CO. (A RRG)
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10234	NATIONAL SERVICE CONTRACT INSURANCE COMPANY RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10235	AMERICAN SOUTHERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 13 vehicles covered during 7/1/2016 to 12/31/2016		\$6.50
Auto Theft Authority Assessment for 12 vehicles covered during 1/1/2017 to 6/30/2017		\$6.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10239	SECURA SUPREME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,919.90
4/15/2017	\$24,919.90
5/15/2017	\$24,919.90
6/15/2017	\$24,919.90
7/15/2017	\$24,919.90
8/15/2017	\$24,919.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$149,519.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,603 vehicles covered during 7/1/2016 to 12/31/2016		\$2,801.50
Auto Theft Authority Assessment for 5,747 vehicles covered during 1/1/2017 to 6/30/2017		\$2,873.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10243	NATIONAL CONTINENTAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10243-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10243-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2016 to 12/31/2016		\$2.00
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2017 to 6/30/2017		\$10.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10287	PMI INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10336	FIRST ACCEPTANCE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10336-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10340	STONINGTON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10346	EMPLOYERS PREFERRED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10348	ARCH REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10351	FIRST DAKOTA INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10351-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10353	OOIDA RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
4/15/2017	\$1,847.26
5/15/2017	\$1,847.26
6/15/2017	\$1,847.26
7/15/2017	\$1,847.26
8/15/2017	\$1,847.26
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,236.30

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10355	RECIPROCAL ALLIANCE (RISK RETENTION GROUP), THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10357	RENAISSANCE REINSURANCE U.S. INC.
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10367	AVEMCO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
7/15/2017	\$1,349.10
8/15/2017	\$1,349.10
3/15/2017	\$1,349.10
4/15/2017	\$1,349.10
5/15/2017	\$1,349.10
6/15/2017	\$1,349.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,094.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10367-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10367-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	10375	GOLDEN EAGLE LQ - LARRY MABEE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10386	AMERICAN FAMILY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,409.47
4/15/2017	\$35,409.47
5/15/2017	\$35,409.47
6/15/2017	\$35,409.47
7/15/2017	\$35,409.47
8/15/2017	\$35,409.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$212,456.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 26,422 vehicles covered during 7/1/2016 to 12/31/2016		\$13,211.00
Auto Theft Authority Assessment for 85,031 vehicles covered during 1/1/2017 to 6/30/2017		\$42,515.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10391	BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10391-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	10393	TEXAS MEDICAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	10413	AFFIRMATIVE DIRECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10464	CANAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,747.72
4/15/2017	\$7,747.72
5/15/2017	\$7,747.72
6/15/2017	\$7,747.72
7/15/2017	\$7,747.72
8/15/2017	\$7,747.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$46,486.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 114 vehicles covered during 7/1/2016 to 12/31/2016		\$57.00
Auto Theft Authority Assessment for 137 vehicles covered during 1/1/2017 to 6/30/2017		\$68.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	10472	CAPITOL INDEMNITY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,352.67
4/15/2017	\$11,352.67
5/15/2017	\$11,352.67
6/15/2017	\$11,352.67
7/15/2017	\$11,352.67
8/15/2017	\$11,352.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$68,116.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 556 vehicles covered during 7/1/2016 to 12/31/2016		\$278.00
Auto Theft Authority Assessment for 730 vehicles covered during 1/1/2017 to 6/30/2017		\$365.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10476	STICO MUTUAL INSURANCE COMPANY, RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10499	COREPOINTE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,177.75
4/15/2017	\$3,177.75
5/15/2017	\$3,177.75
6/15/2017	\$3,177.75
7/15/2017	\$3,177.75
8/15/2017	\$3,177.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$19,066.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10510	CAROLINA CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,089.33
4/15/2017	\$1,089.33
5/15/2017	\$1,089.33
6/15/2017	\$1,089.33
7/15/2017	\$1,089.33
8/15/2017	\$1,089.33
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,535.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10510-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2016 to 12/31/2016		\$2.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10541	AGRINATIONAL INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10619	FIRST AUTOMOTIVE INSURANCE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10638	PROSELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10639	ATTORNEYS' LIABILITY ASSURANCE SOCIETY, INC. A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$16,643.04
4/15/2017	\$16,643.04
5/15/2017	\$16,643.04
6/15/2017	\$16,643.04
7/15/2017	\$16,643.04
8/15/2017	\$16,643.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$99,858.24

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10640	EMPLOYERS INSURANCE COMPANY OF NEVADA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10640-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10641	ENDURANCE AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,750.98
4/15/2017	\$28,750.98
5/15/2017	\$28,750.98
6/15/2017	\$28,750.98
7/15/2017	\$28,750.98
8/15/2017	\$28,750.98
TOTAL INSTALLMENTS PAID IN 2017:	
	\$172,505.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10642	CHEROKEE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10644	VICTORIA AUTOMOBILE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 78 vehicles covered during 7/1/2016 to 12/31/2016		\$39.00
Auto Theft Authority Assessment for 63 vehicles covered during 1/1/2017 to 6/30/2017		\$31.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10646	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10646-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10648	GENEVA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2016 to 12/31/2016		\$15.00
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2017 to 6/30/2017		\$12.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10650	COMMERCIAL COMPENSATION CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10669	CHURCH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10669-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10671	GRAY CASUALTY & SURETY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10672	SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10675	CSAA MID-ATLANTIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10676	FIRST GUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$626.51	
4/15/2017	\$626.51	
5/15/2017	\$626.51	
6/15/2017	\$626.51	
7/15/2017	\$626.51	
8/15/2017	\$626.51	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,759.06

Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2016 to 12/31/2016	\$0.50
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10677	CININNATI INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$134,689.16
4/15/2017	\$134,689.16
5/15/2017	\$134,689.16
6/15/2017	\$134,689.16
7/15/2017	\$134,689.16
8/15/2017	\$134,689.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$808,134.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10677-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10677-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,924 vehicles covered during 7/1/2016 to 12/31/2016		\$2,962.00
Auto Theft Authority Assessment for 6,871 vehicles covered during 1/1/2017 to 6/30/2017		\$3,435.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10682	MGIC CREDIT ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10690	ALLIED WORLD NATIONAL ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$21,036.07
4/15/2017	\$21,036.07
5/15/2017	\$21,036.07
6/15/2017	\$21,036.07
7/15/2017	\$21,036.07
8/15/2017	\$21,036.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$126,216.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 37 vehicles covered during 7/1/2016 to 12/31/2016		\$18.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10693	CIVIL SERVICE EMPLOYEES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,272.47
4/15/2017	\$28,272.47
5/15/2017	\$28,272.47
6/15/2017	\$28,272.47
7/15/2017	\$28,272.47
8/15/2017	\$28,272.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$169,634.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 5,010 vehicles covered during 7/1/2016 to 12/31/2016		\$2,505.00
Auto Theft Authority Assessment for 6,183 vehicles covered during 1/1/2017 to 6/30/2017		\$3,091.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10713	THIRD COAST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10723	NATIONWIDE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10724	EASTERN ALLIANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10730	AMERICAN ACCESS CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$56,112.14
4/15/2017	\$56,112.14
5/15/2017	\$56,112.14
6/15/2017	\$56,112.14
7/15/2017	\$56,112.14
8/15/2017	\$56,112.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$336,672.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 32,906 vehicles covered during 7/1/2016 to 12/31/2016		\$16,453.00
Auto Theft Authority Assessment for 37,757 vehicles covered during 1/1/2017 to 6/30/2017		\$18,878.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10738	TM SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10749	INTREPID INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10754	SPIRIT MOUNTAIN INSURANCE COMPANY RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10758	COLONIAL SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$898.23
4/15/2017	\$898.23
5/15/2017	\$898.23
6/15/2017	\$898.23
7/15/2017	\$898.23
8/15/2017	\$898.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,389.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10759	UNIVERSAL NORTH AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,683.10
4/15/2017	\$3,683.10
5/15/2017	\$3,683.10
6/15/2017	\$3,683.10
7/15/2017	\$3,683.10
8/15/2017	\$3,683.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$22,098.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10767	AMERIGROUP OHIO, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10777	VICTORIA SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,506.45
4/15/2017	\$23,506.45
5/15/2017	\$23,506.45
6/15/2017	\$23,506.45
7/15/2017	\$23,506.45
8/15/2017	\$23,506.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$141,038.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 7,414 vehicles covered during 7/1/2016 to 12/31/2016		\$3,707.00
Auto Theft Authority Assessment for 5,010 vehicles covered during 1/1/2017 to 6/30/2017		\$2,505.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10783	CORNERSTONE NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10783-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10784	MAXUM CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$873.03
4/15/2017	\$873.03
5/15/2017	\$873.03
6/15/2017	\$873.03
7/15/2017	\$873.03
8/15/2017	\$873.03
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,238.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10799	GEOVERA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10800	PREMIER GROUP INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10801	FORTRESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$766.37	
4/15/2017	\$766.37	
5/15/2017	\$766.37	
6/15/2017	\$766.37	
7/15/2017	\$766.37	
8/15/2017	\$766.37	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,598.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10803	COLUMBIA NATIONAL RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10804	CONTINENTAL WESTERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,746.81
4/15/2017	\$6,746.81
5/15/2017	\$6,746.81
6/15/2017	\$6,746.81
7/15/2017	\$6,746.81
8/15/2017	\$6,746.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$40,480.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 525 vehicles covered during 7/1/2016 to 12/31/2016		\$262.50
Auto Theft Authority Assessment for 200 vehicles covered during 1/1/2017 to 6/30/2017		\$100.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10807	ACCC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$87,633.65
4/15/2017	\$87,633.65
5/15/2017	\$87,633.65
6/15/2017	\$87,633.65
7/15/2017	\$87,633.65
8/15/2017	\$87,633.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$525,801.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10807-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	10814	GNV CUSTOM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10815	VERLAN FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$698.12	
4/15/2017	\$698.12	
5/15/2017	\$698.12	
6/15/2017	\$698.12	
7/15/2017	\$698.12	
8/15/2017	\$698.12	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,188.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10817	PLATEAU CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10836	GOLDEN EAGLE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2016 to 12/31/2016		\$1.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10842	FRANKLIN CASUALTY INSURANCE COMPANY, RISK RETENTION GRP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10847	CUMIS INSURANCE SOCIETY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,921.54
4/15/2017	\$15,921.54
5/15/2017	\$15,921.54
6/15/2017	\$15,921.54
7/15/2017	\$15,921.54
8/15/2017	\$15,921.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$95,529.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10847-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 54 vehicles covered during 7/1/2016 to 12/31/2016		\$27.00
Auto Theft Authority Assessment for 75 vehicles covered during 1/1/2017 to 6/30/2017		\$37.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10859	FIRST NONPROFIT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,495.55	
4/15/2017	\$3,495.55	
5/15/2017	\$3,495.55	
6/15/2017	\$3,495.55	
7/15/2017	\$3,495.55	
8/15/2017	\$3,495.55	
TOTAL INSTALLMENTS PAID IN 2017:		\$20,973.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 274 vehicles covered during 7/1/2016 to 12/31/2016		\$137.00
Auto Theft Authority Assessment for 199 vehicles covered during 1/1/2017 to 6/30/2017		\$99.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10872	AMERICAN STRATEGIC INSURANCE CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$44,641.14
4/15/2017	\$44,641.14
5/15/2017	\$44,641.14
6/15/2017	\$44,641.14
7/15/2017	\$44,641.14
8/15/2017	\$44,641.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$267,846.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10885	KEY RISK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-10885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-10885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	10887	COASTAL SELECT INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10891	CEM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10891-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10895	MIDWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10900	PREFERRED EMPLOYERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10903	AMERICAN EXCESS INSURANCE EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	10906	COMMERCIAL ALLIANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10909	SUN SURETY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,133.53
4/15/2017	\$2,133.53
5/15/2017	\$2,133.53
6/15/2017	\$2,133.53
7/15/2017	\$2,133.53
8/15/2017	\$2,133.53
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,801.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10909-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10914	KEMPER INDEPENDENCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$36,016.96
4/15/2017	\$36,016.96
5/15/2017	\$36,016.96
6/15/2017	\$36,016.96
7/15/2017	\$36,016.96
8/15/2017	\$36,016.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$216,101.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10914-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,400 vehicles covered during 7/1/2016 to 12/31/2016		\$3,200.00
Auto Theft Authority Assessment for 6,261 vehicles covered during 1/1/2017 to 6/30/2017		\$3,130.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10915	UNITRIN DIRECT PROPERTY & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,224.79
4/15/2017	\$2,224.79
5/15/2017	\$2,224.79
6/15/2017	\$2,224.79
7/15/2017	\$2,224.79
8/15/2017	\$2,224.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,348.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 652 vehicles covered during 7/1/2016 to 12/31/2016		\$326.00
Auto Theft Authority Assessment for 552 vehicles covered during 1/1/2017 to 6/30/2017		\$276.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10916	SURETEC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,484.31	
4/15/2017	\$1,484.31	
5/15/2017	\$1,484.31	
6/15/2017	\$1,484.31	
7/15/2017	\$1,484.31	
8/15/2017	\$1,484.31	
TOTAL INSTALLMENTS PAID IN 2017:		\$8,905.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	10921	CSAA FIRE & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$112,829.87
4/15/2017	\$112,829.87
5/15/2017	\$112,829.87
6/15/2017	\$112,829.87
7/15/2017	\$112,829.87
8/15/2017	\$112,829.87
TOTAL INSTALLMENTS PAID IN 2017:	
	\$676,979.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,032 vehicles covered during 7/1/2016 to 12/31/2016		\$1,016.00
Auto Theft Authority Assessment for 1,842 vehicles covered during 1/1/2017 to 6/30/2017		\$921.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10936	SENECA INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,497.30
4/15/2017	\$3,497.30
5/15/2017	\$3,497.30
6/15/2017	\$3,497.30
7/15/2017	\$3,497.30
8/15/2017	\$3,497.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$20,983.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2016 to 12/31/2016		\$4.00
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2017 to 6/30/2017		\$1.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10945	TOKIO MARINE AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,750.40
4/15/2017	\$15,750.40
5/15/2017	\$15,750.40
6/15/2017	\$15,750.40
7/15/2017	\$15,750.40
8/15/2017	\$15,750.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$94,502.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10945-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 4,974 vehicles covered during 7/1/2016 to 12/31/2016		\$2,487.00
Auto Theft Authority Assessment for 3,686 vehicles covered during 1/1/2017 to 6/30/2017		\$1,843.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10952	TRANSAMERICA CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$25,467.30
4/15/2017	\$25,467.30
5/15/2017	\$25,467.30
6/15/2017	\$25,467.30
7/15/2017	\$25,467.30
8/15/2017	\$25,467.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$152,803.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-10952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10957	ALAMANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10957-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	10974	ROOT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-10974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 232 vehicles covered during 1/1/2017 to 6/30/2017		\$116.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11000	SENTINEL INSURANCE COMPANY, LTD.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$61,778.10	
4/15/2017	\$61,778.10	
5/15/2017	\$61,778.10	
6/15/2017	\$61,778.10	
7/15/2017	\$61,778.10	
8/15/2017	\$61,778.10	
TOTAL INSTALLMENTS PAID IN 2017:		\$370,668.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,612 vehicles covered during 7/1/2016 to 12/31/2016		\$1,306.00
Auto Theft Authority Assessment for 2,235 vehicles covered during 1/1/2017 to 6/30/2017		\$1,117.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11030	MEMIC INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11042	STONETRUST COMMERCIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11044	NATIONAL GENERAL INSURANCE ONLINE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,431.86	
4/15/2017	\$3,431.86	
5/15/2017	\$3,431.86	
6/15/2017	\$3,431.86	
7/15/2017	\$3,431.86	
8/15/2017	\$3,431.86	
TOTAL INSTALLMENTS PAID IN 2017:		\$20,591.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 40,014 vehicles covered during 7/1/2016 to 12/31/2016		\$20,007.00
Auto Theft Authority Assessment for 40,281 vehicles covered during 1/1/2017 to 6/30/2017		\$20,140.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11050	AMERISURE PARTNERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,037.73
4/15/2017	\$1,037.73
5/15/2017	\$1,037.73
6/15/2017	\$1,037.73
7/15/2017	\$1,037.73
8/15/2017	\$1,037.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,226.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 95 vehicles covered during 7/1/2016 to 12/31/2016		\$47.50
Auto Theft Authority Assessment for 204 vehicles covered during 1/1/2017 to 6/30/2017		\$102.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11054	MAIDEN REINSURANCE NORTH AMERICA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11062	PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$753.07
4/15/2017	\$753.07
5/15/2017	\$753.07
6/15/2017	\$753.07
7/15/2017	\$753.07
8/15/2017	\$753.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,518.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11075	LION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11090	WORTH CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11092	GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$221.00
4/15/2017	\$221.00
5/15/2017	\$221.00
6/15/2017	\$221.00
7/15/2017	\$221.00
8/15/2017	\$221.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,326.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11092-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 43 vehicles covered during 7/1/2016 to 12/31/2016		\$21.50
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2017 to 6/30/2017		\$9.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11114	ST. CHARLES INSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11117	MARATHON FINANCIAL INSURANCE COMPANY, INC. A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	11118	FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,703.72	
4/15/2017	\$3,703.72	
5/15/2017	\$3,703.72	
6/15/2017	\$3,703.72	
7/15/2017	\$3,703.72	
8/15/2017	\$3,703.72	
TOTAL INSTALLMENTS PAID IN 2017:		\$22,222.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11118-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11118-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 384 vehicles covered during 7/1/2016 to 12/31/2016		\$192.00
Auto Theft Authority Assessment for 543 vehicles covered during 1/1/2017 to 6/30/2017		\$271.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	11121	UNIFIED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,455.57
4/15/2017	\$6,455.57
5/15/2017	\$6,455.57
6/15/2017	\$6,455.57
7/15/2017	\$6,455.57
8/15/2017	\$6,455.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$38,733.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,995.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11121-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11123	SAFETY FIRST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11123-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	11126	SOMPO AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,200.99
4/15/2017	\$5,200.99
5/15/2017	\$5,200.99
6/15/2017	\$5,200.99
7/15/2017	\$5,200.99
8/15/2017	\$5,200.99
TOTAL INSTALLMENTS PAID IN 2017:	
	\$31,205.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 368 vehicles covered during 7/1/2016 to 12/31/2016		\$184.00
Auto Theft Authority Assessment for 341 vehicles covered during 1/1/2017 to 6/30/2017		\$170.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11127	PROFESSIONAL SOLUTIONS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,697.35
4/15/2017	\$1,697.35
5/15/2017	\$1,697.35
6/15/2017	\$1,697.35
7/15/2017	\$1,697.35
8/15/2017	\$1,697.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,184.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	11134	RURAL TRUST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11134-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11134-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 27 vehicles covered during 1/1/2017 to 6/30/2017		\$13.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11145	GOLDEN INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

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 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	11150	ARCH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,357.82
4/15/2017	\$2,357.82
5/15/2017	\$2,357.82
6/15/2017	\$2,357.82
7/15/2017	\$2,357.82
8/15/2017	\$2,357.82
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,146.92

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$112.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11150-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,594 vehicles covered during 7/1/2011 to 12/31/2011		\$3,297.00
Auto Theft Authority Assessment for 8,551 vehicles covered during 1/1/2012 to 6/30/2012		\$4,275.50

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Auto Theft Authority Assessment for 7,265 vehicles covered during 7/1/2012 to 12/31/2012	\$3,632.50
Auto Theft Authority Assessment for 6,003 vehicles covered during 1/1/2013 to 6/30/2013	\$3,001.50
Auto Theft Authority Assessment for 5,853 vehicles covered during 7/1/2013 to 12/31/2013	\$2,926.50
Auto Theft Authority Assessment for 3,500 vehicles covered during 1/1/2014 to 6/30/2014	\$1,750.00
Auto Theft Authority Assessment for 2,899 vehicles covered during 7/1/2014 to 12/31/2014	\$1,449.50
Auto Theft Authority Assessment for 2,955 vehicles covered during 1/1/2015 to 6/30/2015	\$1,477.50
Auto Theft Authority Assessment for 2,392 vehicles covered during 7/1/2015 to 12/31/2015	\$1,196.00
Auto Theft Authority Assessment for 2,138 vehicles covered during 1/1/2016 to 6/30/2016	\$1,069.00
Auto Theft Authority Assessment for 4,227 vehicles covered during 7/1/2016 to 12/31/2016	\$2,113.50
Auto Theft Authority Assessment for 5,178 vehicles covered during 1/1/2017 to 6/30/2017	\$2,589.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	11153	TITAN INSURANCE COMPANY, INC., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11155	PRENEED REINSURANCE COMPANY OF AMERICA
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11163	AVESIS INSURANCE INCORPORATED
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,674.03
4/15/2017	\$28,674.03
5/15/2017	\$28,674.03
6/15/2017	\$28,674.03
7/15/2017	\$28,674.03
8/15/2017	\$28,674.03
TOTAL INSTALLMENTS PAID IN 2017:	
	\$172,044.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,294.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11177	FIRST FINANCIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11185	FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$213,505.74
4/15/2017	\$213,505.74
5/15/2017	\$213,505.74
6/15/2017	\$213,505.74
7/15/2017	\$213,505.74
8/15/2017	\$213,505.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,281,034.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11185-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11185-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 32,537 vehicles covered during 7/1/2016 to 12/31/2016		\$16,268.50
Auto Theft Authority Assessment for 34,526 vehicles covered during 1/1/2017 to 6/30/2017		\$17,263.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	11194	CAPITAL ASSURANCE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11197	NATIONAL INDEPENDENT TRUCKERS INS. CO., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2016 to 12/31/2016	\$6.00
Auto Theft Authority Assessment for 11 vehicles covered during 1/1/2017 to 6/30/2017	\$5.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11198	LOYA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,427.34
4/15/2017	\$20,427.34
5/15/2017	\$20,427.34
6/15/2017	\$20,427.34
7/15/2017	\$20,427.34
8/15/2017	\$20,427.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$122,564.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 8,676 vehicles covered during 7/1/2016 to 12/31/2016		\$4,338.00
Auto Theft Authority Assessment for 7,289 vehicles covered during 1/1/2017 to 6/30/2017		\$3,645.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11206	HOUSING ENTERPRISE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,307.18
4/15/2017	\$1,307.18
5/15/2017	\$1,307.18
6/15/2017	\$1,307.18
7/15/2017	\$1,307.18
8/15/2017	\$1,307.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,843.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11215	SAFECO INSURANCE COMPANY OF INDIANA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11215-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11231	GENERALI (U.S. BRANCH)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,807.91
4/15/2017	\$7,807.91
5/15/2017	\$7,807.91
6/15/2017	\$7,807.91
7/15/2017	\$7,807.91
8/15/2017	\$7,807.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$46,847.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11232	ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11242	ALLIED EASTERN INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11255	CATERPILLAR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,065.36
4/15/2017	\$15,065.36
5/15/2017	\$15,065.36
6/15/2017	\$15,065.36
7/15/2017	\$15,065.36
8/15/2017	\$15,065.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$90,392.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11255-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11258	GEORGIA CASUALTY & SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11267	SECURITY AMERICA RISK RETENTION GROUP,INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11268	ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,822.83
4/15/2017	\$3,823.83
5/15/2017	\$3,822.83
6/15/2017	\$3,822.83
7/15/2017	\$3,822.83
8/15/2017	\$3,822.83
TOTAL INSTALLMENTS PAID IN 2017:	
	\$22,937.98

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11339	GREAT ATLANTIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11347	SFM MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11371	GREAT WEST CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$40,312.58	
4/15/2017	\$40,312.58	
5/15/2017	\$40,312.58	
6/15/2017	\$40,312.58	
7/15/2017	\$40,312.58	
8/15/2017	\$40,312.58	
TOTAL INSTALLMENTS PAID IN 2017:		\$241,875.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11445	CGB INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11452	HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,502.88
4/15/2017	\$1,502.88
5/15/2017	\$1,502.88
6/15/2017	\$1,502.88
7/15/2017	\$1,502.88
8/15/2017	\$1,502.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,017.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11452-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11487	IMPERIAL CASUALTY AND INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11499	CENSTAT CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11512	EMPLOYERS COMPENSATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11513	PHYSICIANS SPECIALTY LTD. RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11523	WRIGHT NATIONAL FLOOD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$301.00	
4/15/2017	\$301.00	
5/15/2017	\$301.00	
6/15/2017	\$301.00	
7/15/2017	\$301.00	
8/15/2017	\$301.00	
TOTAL INSTALLMENTS PAID IN 2017:		\$1,806.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11523-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11534	AMERICAN TRUCKING AND TRANSPORTATION INS. CO., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11547	MOUNTAIN LAUREL RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11551	ENDURANCE ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11551-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11555	PACIFIC COMPENSATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11555-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11558	ASSURANCEAMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$17,143.61	
4/15/2017	\$17,143.61	
5/15/2017	\$17,143.61	
6/15/2017	\$17,143.61	
7/15/2017	\$17,143.61	
8/15/2017	\$17,143.61	
TOTAL INSTALLMENTS PAID IN 2017:		\$102,861.66

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$166.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11558-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,041 vehicles covered during 7/1/2016 to 12/31/2016		\$3,020.50
Auto Theft Authority Assessment for -20,892 vehicles covered during 7/1/2016 to 12/31/2016		(\$10,446.00)
Auto Theft Authority Assessment for 8,639 vehicles covered during 1/1/2017 to 6/30/2017		\$4,319.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11573	ACCIDENT INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,414.95	
4/15/2017	\$4,414.95	
5/15/2017	\$4,414.95	
6/15/2017	\$4,414.95	
7/15/2017	\$4,414.95	
8/15/2017	\$4,414.95	
TOTAL INSTALLMENTS PAID IN 2017:		\$26,489.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11573-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11585	MOUNTAIN STATES HEALTHCARE RECIPROCAL RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11589	JAMESTOWN INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11592	INTERNATIONAL FIDELITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,280.95
4/15/2017	\$3,280.95
5/15/2017	\$3,280.95
6/15/2017	\$3,280.95
7/15/2017	\$3,280.95
8/15/2017	\$3,280.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$19,685.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11592-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	11595	MERCHANTS NATIONAL BONDING, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,741.00
4/15/2017	\$1,741.00
5/15/2017	\$1,741.00
6/15/2017	\$1,741.00
7/15/2017	\$1,741.00
8/15/2017	\$1,741.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,446.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	11598	APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11600	FRANK WINSTON CRUM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11603	CONTRACTORS INSURANCE CO. OF NORTH AMERICA, INC., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,148.44
4/15/2017	\$1,148.44
5/15/2017	\$1,148.44
6/15/2017	\$1,148.44
7/15/2017	\$1,148.44
8/15/2017	\$1,148.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,890.64

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11630	JEFFERSON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,489.16
4/15/2017	\$29,489.16
5/15/2017	\$29,489.16
6/15/2017	\$29,489.16
7/15/2017	\$29,489.16
8/15/2017	\$29,489.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$176,934.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11630-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11665	OLD AMERICAN INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11671	PROBUILDERS SPECIALTY INSURANCE COMPANY, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11673	REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,866.18
4/15/2017	\$12,866.18
5/15/2017	\$12,866.18
6/15/2017	\$12,866.18
7/15/2017	\$12,866.18
8/15/2017	\$12,866.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$77,197.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11673-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 530 vehicles covered during 7/1/2016 to 12/31/2016		\$265.00
Auto Theft Authority Assessment for 713 vehicles covered during 1/1/2017 to 6/30/2017		\$356.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11681	CSAA AFFINITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$16,749.18
4/15/2017	\$16,749.18
5/15/2017	\$16,749.18
6/15/2017	\$16,749.18
7/15/2017	\$16,749.18
8/15/2017	\$16,749.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$100,495.08

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11702	ECHELON PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,867.57
4/15/2017	\$8,867.57
5/15/2017	\$8,867.57
6/15/2017	\$8,867.57
7/15/2017	\$8,867.57
8/15/2017	\$8,867.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$53,205.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,357 vehicles covered during 7/1/2016 to 12/31/2016		\$678.50
Auto Theft Authority Assessment for 1,651 vehicles covered during 1/1/2017 to 6/30/2017		\$825.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11710	ALLIED PROFESSIONALS INSURANCE COMPANY, RRG
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11711	ACCESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,236.79
4/15/2017	\$1,236.79
5/15/2017	\$1,236.79
6/15/2017	\$1,236.79
7/15/2017	\$1,236.79
8/15/2017	\$1,236.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,420.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 641 vehicles covered during 7/1/2016 to 12/31/2016		\$320.50
Auto Theft Authority Assessment for 529 vehicles covered during 1/1/2017 to 6/30/2017		\$264.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11714	EMERGENCY PHYSICIANS INSURANCE EXCHANGE RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11738	INFINITY AUTO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,709.16
4/15/2017	\$4,709.16
5/15/2017	\$4,709.16
6/15/2017	\$4,709.16
7/15/2017	\$4,709.16
8/15/2017	\$4,709.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,254.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11738-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,405 vehicles covered during 7/1/2016 to 12/31/2016		\$2,202.50
Auto Theft Authority Assessment for 4,459 vehicles covered during 1/1/2017 to 6/30/2017		\$2,229.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11746	LIBERTY PERSONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11746-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11762	VESTA FIRE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	11770	UNITED FINANCIAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$111,445.45
4/15/2017	\$111,445.45
5/15/2017	\$111,445.45
6/15/2017	\$111,445.45
7/15/2017	\$111,445.45
8/15/2017	\$111,445.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$668,672.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 14,354 vehicles covered during 7/1/2016 to 12/31/2016		\$7,177.00
Auto Theft Authority Assessment for 14,453 vehicles covered during 1/1/2017 to 6/30/2017		\$7,226.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11798	CONTINUING CARE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
4/15/2017	\$2,340.85
5/15/2017	\$2,340.85
6/15/2017	\$2,340.85
7/15/2017	\$2,340.85
8/15/2017	\$2,340.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,704.25

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11800	FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$27,728.17	
4/15/2017	\$27,728.17	
5/15/2017	\$27,728.17	
6/15/2017	\$27,728.17	
7/15/2017	\$27,728.17	
8/15/2017	\$27,728.17	
TOTAL INSTALLMENTS PAID IN 2017:		\$166,369.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-11800-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,489 vehicles covered during 7/1/2016 to 12/31/2016		\$744.50
Auto Theft Authority Assessment for 1,655 vehicles covered during 1/1/2017 to 6/30/2017		\$827.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11805	ARIZONA AUTOMOBILE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$113,912.52
4/15/2017	\$113,912.52
5/15/2017	\$113,912.52
6/15/2017	\$113,912.52
7/15/2017	\$113,912.52
8/15/2017	\$113,912.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$683,475.12

Auto Theft Authority Assessment for 71,241 vehicles covered during 7/1/2016 to 12/31/2016	\$35,620.50
Auto Theft Authority Assessment for 51,254 vehicles covered during 1/1/2017 to 6/30/2017	\$25,627.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11811	PROFESSIONAL SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11825	CARE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11832	HEALTH CARE INDUSTRY LIABILITY RECIPROCAL INS CO, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11835	PARTNERRE AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,559.97
4/15/2017	\$11,559.97
5/15/2017	\$11,559.97
6/15/2017	\$11,559.97
7/15/2017	\$11,559.97
8/15/2017	\$11,559.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$69,359.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11835-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11835-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11840	FAIRWAY PHYSICIANS INSURANCE COMPANY, A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$951.39
4/15/2017	\$951.39
5/15/2017	\$951.39
6/15/2017	\$951.39
7/15/2017	\$951.39
8/15/2017	\$951.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,708.34

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11843	MEDICAL PROTECTIVE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,126.64
4/15/2017	\$35,126.64
5/15/2017	\$35,126.64
6/15/2017	\$35,126.64
7/15/2017	\$35,126.64
8/15/2017	\$35,126.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$210,759.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11851	PROGRESSIVE ADVANCED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$978,505.40
4/15/2017	\$978,505.40
5/15/2017	\$978,505.40
6/15/2017	\$978,505.40
7/15/2017	\$978,505.40
8/15/2017	\$978,505.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,871,032.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11851-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 361,050 vehicles covered during 7/1/2016 to 12/31/2016		\$180,525.00
Auto Theft Authority Assessment for 376,814 vehicles covered during 1/1/2017 to 6/30/2017		\$188,407.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11853	ANCHOR SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11853-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11855	PRIMERO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,211.08
4/15/2017	\$5,211.08
5/15/2017	\$5,211.08
6/15/2017	\$5,211.08
7/15/2017	\$5,211.08
8/15/2017	\$5,211.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$31,266.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,397 vehicles covered during 7/1/2016 to 12/31/2016		\$2,198.50
Auto Theft Authority Assessment for 4,916 vehicles covered during 1/1/2017 to 6/30/2017		\$2,458.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11860	COPIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	11878	MUTUALAID EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11908	MERCURY CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$65,723.34
4/15/2017	\$65,723.34
5/15/2017	\$65,723.34
6/15/2017	\$65,723.34
7/15/2017	\$65,723.34
8/15/2017	\$65,723.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$394,340.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 16,863 vehicles covered during 7/1/2016 to 12/31/2016		\$8,431.50
Auto Theft Authority Assessment for 17,380 vehicles covered during 1/1/2017 to 6/30/2017		\$8,690.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11932	WHITE PINE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11941	GREEN HILLS INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11947	LEWIS & CLARK LTC RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11948	GLOBAL HAWK INSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$490.56
4/15/2017	\$490.56
5/15/2017	\$490.56
6/15/2017	\$490.56
7/15/2017	\$490.56
8/15/2017	\$490.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,943.36

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11950	HOME CONSTRUCTION INSURANCE COMPANY, A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	11965	ALLEGIANT INSURANCE COMPANY, INC. RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,459.20
4/15/2017	\$4,459.20
5/15/2017	\$4,459.20
6/15/2017	\$4,459.20
7/15/2017	\$4,459.20
8/15/2017	\$4,459.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$26,755.20

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11967	GENERAL STAR NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-11967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	11972	WEST VIRGINIA MUTUAL INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WV	Business Type	AR	ACCREDITED REINSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11973	PCH MUTUAL INSURANCE COMPANY, INC. A RISK RETENTION GRP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11974	AMROCK TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	11976	CENTURION MEDICAL LIABILITY PROTECTIVE RRG, INC.
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	11991	NATIONAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$31,589.72
4/15/2017	\$31,589.72
5/15/2017	\$31,589.72
6/15/2017	\$31,589.72
7/15/2017	\$31,589.72
8/15/2017	\$31,589.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$189,538.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$54.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11991-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3,194 vehicles covered during 7/1/2016 to 12/31/2016		\$1,597.00
Auto Theft Authority Assessment for 3,194 vehicles covered during 1/1/2017 to 6/30/2017		\$1,597.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	11997	CATERPILLAR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-11997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-11997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12003	EMERGENCY MEDICINE PROFESSIONAL ASSURANCE CO. A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12018	INDEMNITY INSURANCE CORPORATION OF DC, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12041	MBIA INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12041-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	12149	WMBIC INDEMNITY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12151	ARCADIAN HEALTH PLAN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12157	SUSSEX INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	12166	ADVANCED PROVIDERS INSURANCE RISK RETENTION GROUP,INC.
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12172	CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY (A RRG)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12177	COMPWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12180	CALIFORNIA MEDICAL GROUP INSURANCE COMPANY RRG
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12183	ORANGE COUNTY MEDICAL RECIPROCAL INSURANCE CO., A RRG
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12189	OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,185.66
5/15/2017	\$592.83
6/15/2017	\$592.83
7/15/2017	\$592.83
8/15/2017	\$592.83
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,556.98

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	12190	AMERICAN PET INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,158.11
4/15/2017	\$5,158.11
5/15/2017	\$5,158.11
6/15/2017	\$5,158.11
7/15/2017	\$5,158.11
8/15/2017	\$5,158.11
TOTAL INSTALLMENTS PAID IN 2017:	
	\$30,948.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12200	AMERICAN LIBERTY INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12209	RESTORATION RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$596.25
4/15/2017	\$596.25
5/15/2017	\$596.25
6/15/2017	\$596.25
7/15/2017	\$596.25
8/15/2017	\$596.25
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,577.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12217	CANYON INSURANCE SERVICES, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$524.48
4/15/2017	\$524.48
5/15/2017	\$524.48
6/15/2017	\$524.48
7/15/2017	\$524.48
8/15/2017	\$524.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,146.88

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,503.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	12223	SANTA FE AUTO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12236	HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12254	OMAHA INDEMNITY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12254-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12254-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12256	UNITED INSURANCE COMPANY INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$88,014.76
4/15/2017	\$88,014.76
5/15/2017	\$88,014.76
6/15/2017	\$88,014.76
7/15/2017	\$88,014.76
8/15/2017	\$88,014.76
TOTAL INSTALLMENTS PAID IN 2017:	
	\$528,088.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12256-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 53,962 vehicles covered during 7/1/2016 to 12/31/2016		\$26,981.00
Auto Theft Authority Assessment for 54,653 vehicles covered during 1/1/2017 to 6/30/2017		\$27,326.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12260	CAMPMED CASUALTY & INDEMNITY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12262	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,550.26
4/15/2017	\$9,550.26
5/15/2017	\$9,550.26
6/15/2017	\$9,550.26
7/15/2017	\$9,550.26
8/15/2017	\$9,550.26
TOTAL INSTALLMENTS PAID IN 2017:	
\$57,301.56	

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 157 vehicles covered during 7/1/2016 to 12/31/2016		\$78.50
Auto Theft Authority Assessment for 732 vehicles covered during 1/1/2017 to 6/30/2017		\$366.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12280	UNITED CONTRACTORS INSURANCE COMPANY, INC., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12287	AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12293	NATIONAL CONTRACTORS INSURANCE COMPANY, INC., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12294	SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$311.16
4/15/2017	\$311.16
5/15/2017	\$311.16
6/15/2017	\$311.16
7/15/2017	\$311.16
8/15/2017	\$311.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,866.96

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12297	PETROLEUM CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12297-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12300	AMERICAN CONTRACTORS INS. CO., RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,484.44
4/15/2017	\$4,484.44
5/15/2017	\$4,484.44
6/15/2017	\$4,484.44
7/15/2017	\$4,484.44
8/15/2017	\$4,484.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$26,906.64

Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2016 to 12/31/2016	\$8.00
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2017 to 6/30/2017	\$8.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12304	ACCIDENT FUND GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12305	ACCIDENT FUND NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12309	ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12309-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12311	BLOOMINGTON COMPENSATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	12319	PHILADELPHIA REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12321	AMERICAN CONTINENTAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$82,329.65
4/15/2017	\$82,329.65
5/15/2017	\$82,329.65
6/15/2017	\$82,329.65
7/15/2017	\$82,329.65
8/15/2017	\$82,329.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$493,977.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$28,196.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12321-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12338	SEQUOIA INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12373	CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,541.30
4/15/2017	\$2,541.30
5/15/2017	\$2,541.30
6/15/2017	\$2,541.30
7/15/2017	\$2,541.30
8/15/2017	\$2,541.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,247.80

Auto Theft Authority Assessment for 63 vehicles covered during 7/1/2016 to 12/31/2016	\$31.50
Auto Theft Authority Assessment for 63 vehicles covered during 1/1/2017 to 6/30/2017	\$31.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	12416	PROTECTIVE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,650.31
4/15/2017	\$5,650.31
5/15/2017	\$5,650.31
6/15/2017	\$5,650.31
7/15/2017	\$5,650.31
8/15/2017	\$5,650.31
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,901.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 195 vehicles covered during 7/1/2016 to 12/31/2016		\$97.50
Auto Theft Authority Assessment for 250 vehicles covered during 1/1/2017 to 6/30/2017		\$125.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12439	CHARTER REINSURANCE COMPANY, INC.
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12484	LIBERTY MUTUAL PERSONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12484-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12491	ROCHDALE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12497	PREFERRED CONTRACTORS INSURANCE COMPANY, RRG, LLC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,628.39
4/15/2017	\$1,628.39
5/15/2017	\$1,628.39
6/15/2017	\$1,628.39
7/15/2017	\$1,628.39
8/15/2017	\$1,628.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,770.34

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12504	AMERIPRISE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12505	ROCKWOOD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12508	AUTO-OWNERS SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12513	PROFESSIONAL LIABILITY INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12515	EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$27,698.26	
4/15/2017	\$27,698.26	
5/15/2017	\$27,698.26	
6/15/2017	\$27,698.26	
7/15/2017	\$27,698.26	
8/15/2017	\$27,698.26	
TOTAL INSTALLMENTS PAID IN 2017:		\$166,189.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,672.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12521	SAFEWAY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$196,796.77
4/15/2017	\$196,796.77
5/15/2017	\$196,796.77
6/15/2017	\$196,796.77
7/15/2017	\$196,796.77
8/15/2017	\$196,796.77
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,180,780.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 89,913 vehicles covered during 7/1/2016 to 12/31/2016		\$44,956.50
Auto Theft Authority Assessment for 93,577 vehicles covered during 1/1/2017 to 6/30/2017		\$46,788.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12524	SCAFFOLD INDUSTRY INSURANCE COMPANY RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12528	WADENA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12529	NATIONAL MEDICAL PROFESSIONAL RISK RETENTION GROUP, INC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12533	OPTICARE OF UTAH, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$54.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-12533-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-12533-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12536	HOMEOWNERS OF AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,244.45
4/15/2017	\$1,244.45
5/15/2017	\$1,244.45
6/15/2017	\$1,244.45
7/15/2017	\$1,244.45
8/15/2017	\$1,244.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,466.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12548	AMERICAN AGRI-BUSINESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12567	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12572	SELECTIVE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12575	SILVERSCRIPT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-12575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-12575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12577	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12599	INFINITY STANDARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,900.73
4/15/2017	\$1,900.73
5/15/2017	\$1,900.73
6/15/2017	\$1,900.73
7/15/2017	\$1,900.73
8/15/2017	\$1,900.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,404.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 748 vehicles covered during 7/1/2016 to 12/31/2016		\$374.00
Auto Theft Authority Assessment for 481 vehicles covered during 1/1/2017 to 6/30/2017		\$240.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	12625	FORT WAYNE MEDICAL SURETY COMPANY,RISK RETENTION GROUP
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12631	AMERICAN BUILDERS INSURANCE COMPANY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12645	STANDARD CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,066.72
4/15/2017	\$11,066.72
5/15/2017	\$11,066.72
6/15/2017	\$11,066.72
7/15/2017	\$11,066.72
8/15/2017	\$11,066.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$66,400.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12718	DEVELOPERS SURETY AND INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,529.57
4/15/2017	\$5,529.57
5/15/2017	\$5,529.57
6/15/2017	\$5,529.57
7/15/2017	\$5,529.57
8/15/2017	\$5,529.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,177.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12718-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12741	COPPERPOINT PREMIER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12747	ENVISION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-12747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-12747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12750	EVERGREEN NATIONAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$378.09
4/15/2017	\$378.09
5/15/2017	\$378.09
6/15/2017	\$378.09
7/15/2017	\$378.09
8/15/2017	\$378.09
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,268.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12754	MEDICUS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$508.20
4/15/2017	\$508.20
5/15/2017	\$508.20
6/15/2017	\$508.20
7/15/2017	\$508.20
8/15/2017	\$508.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,049.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12754-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12777	CHUBB INDEMNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12831	STATE NATIONAL INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$53,259.96
4/15/2017	\$53,259.96
5/15/2017	\$53,259.96
6/15/2017	\$53,259.96
7/15/2017	\$53,259.96
8/15/2017	\$53,259.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$319,559.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 77 vehicles covered during 7/1/2016 to 12/31/2016		\$38.50
Auto Theft Authority Assessment for 7 vehicles covered during 1/1/2017 to 6/30/2017		\$3.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12866	T.H.E. INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,697.61
4/15/2017	\$5,697.61
5/15/2017	\$5,697.61
6/15/2017	\$5,697.61
7/15/2017	\$5,697.61
8/15/2017	\$5,697.61
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,185.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 93 vehicles covered during 7/1/2016 to 12/31/2016		\$46.50
Auto Theft Authority Assessment for 44 vehicles covered during 1/1/2017 to 6/30/2017		\$22.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12870	SENTRUITY CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12873	PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$21,417.37	
4/15/2017	\$21,417.37	
5/15/2017	\$21,417.37	
6/15/2017	\$21,417.37	
7/15/2017	\$21,417.37	
8/15/2017	\$21,417.37	
TOTAL INSTALLMENTS PAID IN 2017:		\$128,504.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,812 vehicles covered during 7/1/2016 to 12/31/2016		\$906.00
Auto Theft Authority Assessment for 2,059 vehicles covered during 1/1/2017 to 6/30/2017		\$1,029.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12879	PROGRESSIVE COMMERCIAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12890	EAGLE WEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,991.29
4/15/2017	\$15,991.29
5/15/2017	\$15,991.29
6/15/2017	\$15,991.29
7/15/2017	\$15,991.29
8/15/2017	\$15,991.29
TOTAL INSTALLMENTS PAID IN 2017:	
	\$95,947.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 445 vehicles covered during 7/1/2016 to 12/31/2016		\$222.50
Auto Theft Authority Assessment for 521 vehicles covered during 1/1/2017 to 6/30/2017		\$260.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12902	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-12902-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-12902-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12910	AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-12910-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-12910-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12912	CREDIT GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12915	URGENT CARE ASSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12934	ACADEMIC MEDICAL PROFESSIONALS INSURANCE RRG, LLC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	12936	HOUSTON SPECIALTY INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12938	FEDERAL MOTOR CARRIERS RISK RETENTION GROUP, INC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	12963	21ST CENTURY INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	12964	WELLCARE OF TEXAS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12964-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-12964-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	12966	KEY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$891.57	
4/15/2017	\$891.57	
5/15/2017	\$891.57	
6/15/2017	\$891.57	
7/15/2017	\$891.57	
8/15/2017	\$891.57	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,349.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-12966-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 447 vehicles covered during 7/1/2016 to 12/31/2016		\$223.50
Auto Theft Authority Assessment for 280 vehicles covered during 1/1/2017 to 6/30/2017		\$140.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12971	UNION INDEMNITY INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	12988	SCRUBS MUTUAL ASSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13010	BONDED BUILDERS INSURANCE COMPANY, A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13014	LANCET INDEMNITY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$786.87
4/15/2017	\$786.87
5/15/2017	\$786.87
6/15/2017	\$786.87
7/15/2017	\$786.87
8/15/2017	\$786.87
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,721.22

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13018	DOCTORS & SURGEONS NATIONAL RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13019	EASTERN ADVANTAGE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13021	UNITED FIRE & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,868.08
4/15/2017	\$29,868.08
5/15/2017	\$29,868.08
6/15/2017	\$29,868.08
7/15/2017	\$29,868.08
8/15/2017	\$29,868.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$179,208.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13021-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,042 vehicles covered during 7/1/2016 to 12/31/2016		\$2,021.00
Auto Theft Authority Assessment for 4,307 vehicles covered during 1/1/2017 to 6/30/2017		\$2,153.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13024	ALLIED GUARANTY INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13026	MAIN STREET AMERICA PROTECTION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	13043	COPPERPOINT GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	13056	RLI INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,869.69
4/15/2017	\$24,869.69
5/15/2017	\$24,869.69
6/15/2017	\$24,869.69
7/15/2017	\$24,869.69
8/15/2017	\$24,869.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$149,218.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,078 vehicles covered during 7/1/2016 to 12/31/2016		\$539.00
Auto Theft Authority Assessment for 979 vehicles covered during 1/1/2017 to 6/30/2017		\$489.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	13064	UNITED NATIONAL INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13067	PROFESSIONALS RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,935.96
4/15/2017	\$8,935.96
5/15/2017	\$8,935.96
6/15/2017	\$8,935.96
7/15/2017	\$8,935.96
8/15/2017	\$8,935.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$53,615.76

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13070	BERKSHIRE HATHAWAY ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	13099	WASATCH CREST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	13100	OMAHA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$41,067.94	
4/15/2017	\$41,067.94	
5/15/2017	\$41,067.94	
6/15/2017	\$41,067.94	
7/15/2017	\$41,067.94	
8/15/2017	\$41,067.94	
TOTAL INSTALLMENTS PAID IN 2017:		\$246,407.64

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,132.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13100-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13126	MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13137	VIKING INSURANCE COMPANY OF WISCONSIN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,026.35
4/15/2017	\$2,026.35
5/15/2017	\$2,026.35
6/15/2017	\$2,026.35
7/15/2017	\$2,026.35
8/15/2017	\$2,026.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,158.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,274 vehicles covered during 7/1/2016 to 12/31/2016		\$637.00
Auto Theft Authority Assessment for 1,185 vehicles covered during 1/1/2017 to 6/30/2017		\$592.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13161	COMMERCE WEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	13175	SURENCY LIFE & HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13177	ARCOA RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$768.00
4/15/2017	\$768.00
5/15/2017	\$768.00
6/15/2017	\$768.00
7/15/2017	\$768.00
8/15/2017	\$768.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,608.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13183	EAGLE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,128.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13183-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13183-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13188	WESTERN SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,668.18
4/15/2017	\$17,668.18
5/15/2017	\$17,668.18
6/15/2017	\$17,668.18
7/15/2017	\$17,668.18
8/15/2017	\$17,668.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$106,009.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13209	COPPERPOINT WESTERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13210	COPPERPOINT CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	13234	WILSHIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$25,690.92
4/15/2017	\$25,690.92
5/15/2017	\$25,690.92
6/15/2017	\$25,690.92
7/15/2017	\$25,690.92
8/15/2017	\$25,690.92
TOTAL INSTALLMENTS PAID IN 2017:	
	\$154,145.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-13234-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 92 vehicles covered during 7/1/2016 to 12/31/2016		\$46.00
Auto Theft Authority Assessment for 25 vehicles covered during 1/1/2017 to 6/30/2017		\$12.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	13242	TITAN INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$23,197.32	
4/15/2017	\$23,197.32	
5/15/2017	\$23,197.32	
6/15/2017	\$23,197.32	
7/15/2017	\$23,197.32	
8/15/2017	\$23,197.32	
TOTAL INSTALLMENTS PAID IN 2017:		\$139,183.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8,728 vehicles covered during 7/1/2016 to 12/31/2016		\$4,364.00
Auto Theft Authority Assessment for 6,128 vehicles covered during 1/1/2017 to 6/30/2017		\$3,064.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13269	ZENITH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13285	ALLEGHENY CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$594.86
4/15/2017	\$594.86
5/15/2017	\$594.86
6/15/2017	\$594.86
7/15/2017	\$594.86
8/15/2017	\$594.86
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,569.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13285-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13293	AMALGAMATED CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13293-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13307	LEXON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,944.84
4/15/2017	\$4,944.84
5/15/2017	\$4,944.84
6/15/2017	\$4,944.84
7/15/2017	\$4,944.84
8/15/2017	\$4,944.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$29,669.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13331	MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13412	AUSTIN MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,273.77
4/15/2017	\$20,273.77
5/15/2017	\$20,273.77
6/15/2017	\$20,273.77
7/15/2017	\$20,273.77
8/15/2017	\$20,273.77
TOTAL INSTALLMENTS PAID IN 2017:	
	\$121,642.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,042 vehicles covered during 7/1/2016 to 12/31/2016		\$2,021.00
Auto Theft Authority Assessment for 4,896 vehicles covered during 1/1/2017 to 6/30/2017		\$2,448.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13420	BADGER MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,979.58
4/15/2017	\$15,979.58
5/15/2017	\$15,979.58
6/15/2017	\$15,979.58
7/15/2017	\$15,979.58
8/15/2017	\$15,979.58
TOTAL INSTALLMENTS PAID IN 2017:	
	\$95,877.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3,839 vehicles covered during 7/1/2016 to 12/31/2016		\$1,919.50
Auto Theft Authority Assessment for 4,077 vehicles covered during 1/1/2017 to 6/30/2017		\$2,038.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13528	BROTHERHOOD MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$17,917.25	
4/15/2017	\$17,917.25	
5/15/2017	\$17,917.25	
6/15/2017	\$17,917.25	
7/15/2017	\$17,917.25	
8/15/2017	\$17,917.25	
TOTAL INSTALLMENTS PAID IN 2017:		\$107,503.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,191 vehicles covered during 7/1/2016 to 12/31/2016		\$595.50
Auto Theft Authority Assessment for 1,234 vehicles covered during 1/1/2017 to 6/30/2017		\$617.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13544	CALIFORNIA CAPITAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13544-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13559	MUNICIPAL ASSURANCE CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13562	CAREMORE HEALTH PLAN OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13580	ARISE BOILER INSPECTION AND INSURANCE COMPANY RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13601	ECOLE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13602	PAN-AMERICAN ASSURANCE COMPANY INT'L, INC. (U.S.BRANCH)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	13604	STARR SURPLUS LINES INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13613	COLLEGE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13625	WESTERN MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13625-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13634	ESSENT GUARANTY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$41,870.82
4/15/2017	\$41,870.82
5/15/2017	\$41,870.82
6/15/2017	\$41,870.82
7/15/2017	\$41,870.82
8/15/2017	\$41,870.82
TOTAL INSTALLMENTS PAID IN 2017:	
	\$251,224.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13677	AFFILIATES INSURANCE RECIPROCAL, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13694	ARCH STRUCTURED MORTGAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13695	NATIONAL MORTGAGE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,024.58
4/15/2017	\$18,024.58
5/15/2017	\$18,024.58
6/15/2017	\$18,024.58
7/15/2017	\$18,024.58
8/15/2017	\$18,024.58
TOTAL INSTALLMENTS PAID IN 2017:	
	\$108,147.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13703	GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13714	PHARMACISTS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,098.75
4/15/2017	\$9,098.75
5/15/2017	\$9,098.75
6/15/2017	\$9,098.75
7/15/2017	\$9,098.75
8/15/2017	\$9,098.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$54,592.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,199 vehicles covered during 7/1/2016 to 12/31/2016		\$599.50
Auto Theft Authority Assessment for 1,195 vehicles covered during 1/1/2017 to 6/30/2017		\$597.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13720	CROSSFIT RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,001.00
4/15/2017	\$1,000.50
5/15/2017	\$1,000.50
6/15/2017	\$1,000.50
7/15/2017	\$1,000.50
8/15/2017	\$1,000.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,003.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13721	PRIMEONE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13722	KNIGHTBROOK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,891.27
4/15/2017	\$1,891.27
5/15/2017	\$1,891.27
6/15/2017	\$1,891.27
7/15/2017	\$1,891.27
8/15/2017	\$1,891.27
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,347.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-13722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,420 vehicles covered during 7/1/2016 to 12/31/2016		\$710.00
Auto Theft Authority Assessment for 278 vehicles covered during 1/1/2017 to 6/30/2017		\$139.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13730	SELECTIVE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,835.29
4/15/2017	\$1,835.29
5/15/2017	\$1,835.29
6/15/2017	\$1,835.29
7/15/2017	\$1,835.29
8/15/2017	\$1,835.29
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,011.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	13736	RED ROCK RISK RETENTION GROUP, INC.
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13751	COPPERPOINT AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13773	FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$180,947.27
4/15/2017	\$180,947.27
5/15/2017	\$180,947.27
6/15/2017	\$180,947.27
7/15/2017	\$180,947.27
8/15/2017	\$180,947.27
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,085,683.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 45,968 vehicles covered during 7/1/2016 to 12/31/2016		\$22,984.00
Auto Theft Authority Assessment for 46,815 vehicles covered during 1/1/2017 to 6/30/2017		\$23,407.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13791	AVIATION ALLIANCE INSURANCE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$329.33
4/15/2017	\$329.33
5/15/2017	\$329.33
6/15/2017	\$329.33
7/15/2017	\$329.33
8/15/2017	\$329.33
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,975.98

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13792	NEW HOME WARRANTY INSURANCE CO., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,268.52
4/15/2017	\$1,268.52
5/15/2017	\$1,268.52
6/15/2017	\$1,268.52
7/15/2017	\$1,268.52
8/15/2017	\$1,268.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,611.12

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13838	FARMLAND MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,669.38
4/15/2017	\$6,669.38
5/15/2017	\$6,669.38
6/15/2017	\$6,669.38
7/15/2017	\$6,669.38
8/15/2017	\$6,669.38
TOTAL INSTALLMENTS PAID IN 2017:	
	\$40,016.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 342 vehicles covered during 7/1/2016 to 12/31/2016		\$171.00
Auto Theft Authority Assessment for 367 vehicles covered during 1/1/2017 to 6/30/2017		\$183.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13893	COMMUNITY BLOOD CENTERS' EXCHANGE RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13928	COPPERPOINT INDEMNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2016 to 12/31/2016	\$0.50
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2017 to 6/30/2017	\$1.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13929	COPPERPOINT NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13930	COMMONWEALTH CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$81,648.16
4/15/2017	\$81,648.16
5/15/2017	\$81,648.16
6/15/2017	\$81,648.16
7/15/2017	\$81,648.16
8/15/2017	\$81,648.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$489,888.96

Auto Theft Authority Assessment for 45,941 vehicles covered during 7/1/2016 to 12/31/2016	\$22,970.05
Auto Theft Authority Assessment for 67,342 vehicles covered during 1/1/2017 to 6/30/2017	\$33,671.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13935	FEDERATED MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$36,126.72	
4/15/2017	\$36,126.72	
5/15/2017	\$36,126.72	
6/15/2017	\$36,126.72	
7/15/2017	\$36,126.72	
8/15/2017	\$36,126.72	
TOTAL INSTALLMENTS PAID IN 2017:		\$216,760.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-13935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-13935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,539 vehicles covered during 7/1/2016 to 12/31/2016		\$2,269.50
Auto Theft Authority Assessment for 5,161 vehicles covered during 1/1/2017 to 6/30/2017		\$2,580.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13978	FLORISTS' MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$428.23	
4/15/2017	\$428.23	
5/15/2017	\$428.23	
6/15/2017	\$428.23	
7/15/2017	\$428.23	
8/15/2017	\$428.23	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,569.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 36 vehicles covered during 7/1/2016 to 12/31/2016		\$18.00
Auto Theft Authority Assessment for 17 vehicles covered during 1/1/2017 to 6/30/2017		\$8.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13986	FRANKENMUTH MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	13990	FIRST COMMUNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-13990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	13995	PHYSICIANS CASUALTY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$460.15
4/15/2017	\$460.15
5/15/2017	\$460.15
6/15/2017	\$460.15
7/15/2017	\$460.15
8/15/2017	\$460.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,760.90

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	14004	UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	14010	CRUSADER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$530.64
4/15/2017	\$530.64
5/15/2017	\$530.64
6/15/2017	\$530.64
7/15/2017	\$530.64
8/15/2017	\$530.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,183.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-14010-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14026	SUNLAND RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$517.14
4/15/2017	\$517.14
5/15/2017	\$517.14
6/15/2017	\$517.14
7/15/2017	\$517.14
8/15/2017	\$1,034.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,619.98

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14062	MMIC RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14078	AMERIGROUP INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14122	WESTERN CATHOLIC INSURANCE COMPANY, RRG INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,421.60
4/15/2017	\$2,421.60
5/15/2017	\$2,421.60
6/15/2017	\$2,421.60
7/15/2017	\$2,421.60
8/15/2017	\$2,421.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,529.60

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	14133	QUALITAS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,431.15
4/15/2017	\$13,431.15
5/15/2017	\$13,431.15
6/15/2017	\$13,431.15
7/15/2017	\$13,431.15
8/15/2017	\$13,431.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$80,586.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 832 vehicles covered during 7/1/2016 to 12/31/2016		\$416.00
Auto Theft Authority Assessment for 791 vehicles covered during 1/1/2017 to 6/30/2017		\$395.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14137	GEICO SECURE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 176 vehicles covered during 7/1/2016 to 12/31/2016		\$88.00
Auto Theft Authority Assessment for 192 vehicles covered during 1/1/2017 to 6/30/2017		\$96.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14138	GEICO ADVANTAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,780 vehicles covered during 7/1/2016 to 12/31/2016		\$1,390.00
Auto Theft Authority Assessment for 3,061 vehicles covered during 1/1/2017 to 6/30/2017		\$1,530.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14139	GEICO CHOICE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 499 vehicles covered during 7/1/2016 to 12/31/2016		\$249.50
Auto Theft Authority Assessment for 556 vehicles covered during 1/1/2017 to 6/30/2017		\$278.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14160	COVERYS RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	14184	ACUITY, A MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$130,695.18
4/15/2017	\$130,695.18
5/15/2017	\$130,695.18
6/15/2017	\$130,695.18
7/15/2017	\$130,695.18
8/15/2017	\$130,695.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$784,171.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-14184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 16,392 vehicles covered during 7/1/2016 to 12/31/2016		\$8,196.00
Auto Theft Authority Assessment for 16,581 vehicles covered during 1/1/2017 to 6/30/2017		\$8,290.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14190	OBI NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 312 vehicles covered during 1/1/2017 to 6/30/2017		\$156.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14207	SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,160.50
4/15/2017	\$2,160.50
5/15/2017	\$2,160.50
6/15/2017	\$2,160.50
7/15/2017	\$2,160.50
8/15/2017	\$2,160.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,963.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14216	COPPERPOINT MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2016 to 12/31/2016	\$1.00
Auto Theft Authority Assessment for 65 vehicles covered during 1/1/2017 to 6/30/2017	\$32.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14240	FIRST NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14249	FOUNDERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14249-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14257	IMT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14260	ORTHOFORUM INSURANCE COMPANY (A RISK RETENTION GROUP)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14265	INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$436.30
4/15/2017	\$436.30
5/15/2017	\$436.30
6/15/2017	\$436.30
7/15/2017	\$436.30
8/15/2017	\$436.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,617.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14265-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14347	DOCTORS CO RISK RETENTION GROUP, A REC EXCHANGE (THE)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$772.46
4/15/2017	\$772.46
5/15/2017	\$772.46
6/15/2017	\$772.46
7/15/2017	\$772.46
8/15/2017	\$772.46
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,634.76

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14354	JEWELERS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,652.89
4/15/2017	\$6,652.89
5/15/2017	\$6,652.89
6/15/2017	\$6,652.89
7/15/2017	\$6,652.89
8/15/2017	\$6,652.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$39,917.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14354-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	14366	NASW RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14380	BUILD AMERICA MUTUAL ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,033.32
4/15/2017	\$2,033.32
5/15/2017	\$2,033.32
6/15/2017	\$2,033.32
7/15/2017	\$2,033.32
8/15/2017	\$2,033.32
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,199.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14388	CHEROKEE GUARANTEE COMPANY, INC. A RISK RETENTION GROUP
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14395	TERRAFIRMA RISK RETENTION GROUP, LLC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14406	INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$694.94	
4/15/2017	\$694.94	
5/15/2017	\$694.94	
6/15/2017	\$694.94	
7/15/2017	\$694.94	
8/15/2017	\$694.94	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,169.64

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$99.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-14406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-14406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14421	EYEMED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14425	ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14460	PODIATRY INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,791.75	
4/15/2017	\$3,791.75	
5/15/2017	\$3,791.75	
6/15/2017	\$3,791.75	
7/15/2017	\$3,791.75	
8/15/2017	\$3,791.75	
TOTAL INSTALLMENTS PAID IN 2017:		\$22,750.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14494	MERCHANTS BONDING COMPANY (MUTUAL)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,229.00
4/15/2017	\$11,229.00
5/15/2017	\$11,229.00
6/15/2017	\$11,229.00
7/15/2017	\$11,229.00
8/15/2017	\$11,229.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$67,374.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14508	MICHIGAN MILLERS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14559	GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,625.10
4/15/2017	\$3,625.10
5/15/2017	\$3,625.10
6/15/2017	\$3,625.10
7/15/2017	\$3,625.10
8/15/2017	\$3,625.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$21,750.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14559-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14641	MAGELLAN COMPLETE CARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14648	MOUNTAIN STATES MUTUAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	14676	COMPASS COOPERATIVE HEALTH PLAN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14689	U.S. LEGAL SERVICES, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,369.52
4/15/2017	\$6,369.52
5/15/2017	\$6,369.52
6/15/2017	\$6,369.52
7/15/2017	\$6,369.52
8/15/2017	\$6,369.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$38,217.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14702	EASTGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-14702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-14702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	14704	CENPATICO OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14761	MUTUAL OF ENUMCLAW INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$72,653.40	
4/15/2017	\$72,653.40	
5/15/2017	\$72,653.40	
6/15/2017	\$72,653.40	
7/15/2017	\$72,653.40	
8/15/2017	\$72,653.40	
TOTAL INSTALLMENTS PAID IN 2017:		\$435,920.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14761-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 19,643 vehicles covered during 7/1/2016 to 12/31/2016		\$9,821.50
Auto Theft Authority Assessment for 21,901 vehicles covered during 1/1/2017 to 6/30/2017		\$10,950.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14788	NGM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,503.04
4/15/2017	\$15,503.04
5/15/2017	\$15,503.04
6/15/2017	\$15,503.04
7/15/2017	\$15,503.04
8/15/2017	\$15,503.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$93,018.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14788-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 651 vehicles covered during 1/1/2017 to 6/30/2017		\$325.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	14906	COPIC, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	14974	PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,130.04
4/15/2017	\$3,130.04
5/15/2017	\$3,130.04
6/15/2017	\$3,130.04
7/15/2017	\$3,130.04
8/15/2017	\$3,130.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,780.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-14974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 258 vehicles covered during 7/1/2016 to 12/31/2016		\$129.00
Auto Theft Authority Assessment for 253 vehicles covered during 1/1/2017 to 6/30/2017		\$126.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	14990	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-14990-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-14990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15032	GUIDEONE MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,624.76
4/15/2017	\$6,624.76
5/15/2017	\$6,624.76
6/15/2017	\$6,624.76
7/15/2017	\$6,624.76
8/15/2017	\$6,624.76
TOTAL INSTALLMENTS PAID IN 2017:	
	\$39,748.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-15032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-15032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 393 vehicles covered during 7/1/2016 to 12/31/2016		\$196.50
Auto Theft Authority Assessment for 392 vehicles covered during 1/1/2017 to 6/30/2017		\$196.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15059	PUBLIC SERVICE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$72.50
4/15/2017	\$72.50
5/15/2017	\$72.50
6/15/2017	\$72.50
7/15/2017	\$72.50
8/15/2017	\$72.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15081	HEALTH CHOICE INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$85,683.00
4/15/2017	\$85,683.00
5/15/2017	\$85,683.00
6/15/2017	\$85,683.00
7/15/2017	\$85,683.00
8/15/2017	\$85,683.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$514,098.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15092	COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,349.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15105	SAFETY NATIONAL CASUALTY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$9,237.75	
4/15/2017	\$9,237.75	
5/15/2017	\$9,237.75	
6/15/2017	\$9,237.75	
7/15/2017	\$9,237.75	
8/15/2017	\$9,237.75	
TOTAL INSTALLMENTS PAID IN 2017:		\$55,426.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,171 vehicles covered during 7/1/2016 to 12/31/2016		\$1,085.50
Auto Theft Authority Assessment for 3,090 vehicles covered during 1/1/2017 to 6/30/2017		\$1,545.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15130	ENCOMPASS INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,802.92	
4/15/2017	\$4,802.92	
5/15/2017	\$4,802.92	
6/15/2017	\$4,802.92	
7/15/2017	\$4,802.92	
8/15/2017	\$4,802.92	
TOTAL INSTALLMENTS PAID IN 2017:		\$28,817.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 450 vehicles covered during 7/1/2016 to 12/31/2016		\$225.00
Auto Theft Authority Assessment for 350 vehicles covered during 1/1/2017 to 6/30/2017		\$175.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15156	SHELBY INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15208	ONYX INSURANCE COMPANY, INC., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,101.23
4/15/2017	\$1,101.23
5/15/2017	\$1,101.23
6/15/2017	\$1,101.23
7/15/2017	\$1,101.23
8/15/2017	\$1,101.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,607.38

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15211	LONE STAR ALLIANCE, INC., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,738.96
4/15/2017	\$6,738.96
5/15/2017	\$6,738.96
6/15/2017	\$6,738.96
7/15/2017	\$6,738.96
8/15/2017	\$6,738.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$40,433.76

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15238	COMPREHENSIVE MOBILE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,734.05
4/15/2017	\$8,734.05
5/15/2017	\$8,734.05
6/15/2017	\$8,734.05
7/15/2017	\$8,734.05
8/15/2017	\$8,734.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$52,404.30

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,876.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15261	SOCIETY INSURANCE, A MUTUAL COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15305	SOUTHWEST LAND TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15305-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15377	WESTERN NATIONAL MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,855.80
4/15/2017	\$2,855.80
5/15/2017	\$2,855.80
6/15/2017	\$2,855.80
7/15/2017	\$2,855.80
8/15/2017	\$2,855.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,134.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15377-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15385	ONECIS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15385-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	15447	BRIDGEWAY ADVANTAGE SOLUTIONS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	15466	REALM NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15474	NATIONAL LLOYDS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	LL	LLOYDS ASSOCIATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15527	MICA RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	15529	TOKIO MILLENNIUM RE AG (U.S. BRANCH)
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	15539	CSAA INSURANCE EXCHANGE
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15563	SEABRIGHT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15563-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-15563-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15582	BAY INSURANCE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15590	AMSHIELD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15590-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15597	A-ONE COMMERCIAL INSURANCE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15610	AXIS SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-15610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-15610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15645	OBI AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15679	NATIONAL FIRE AND INDEMNITY EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2016 to 12/31/2016		\$10.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15691	CLEAR SPRING LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15738	MEDCHOICE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	15741	UNITED COMMUNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15742	7710 INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15744	ROMULUS INSURANCE RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15756	RADNOR SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15843	RADIAN MORTGAGE GUARANTY INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15865	NCMIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,669.64
4/15/2017	\$4,669.64
5/15/2017	\$4,669.64
6/15/2017	\$4,669.64
7/15/2017	\$4,669.64
8/15/2017	\$4,669.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,017.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15873	UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$42,236.67
4/15/2017	\$42,236.67
5/15/2017	\$42,236.67
6/15/2017	\$42,236.67
7/15/2017	\$42,236.67
8/15/2017	\$42,236.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$253,420.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15893	DOCTORS PROFESSIONAL LIABILITY RISK RETENTION GRP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	15895	HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15911	AMERICAN MINING INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15928	DAN RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	15947	COUNTY HALL INSURANCE COMPANY, INC A RISK RETENTION GRP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	15952	NATIONAL PROSPERITY LIFE AND HEALTH INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15954	AMTRUST INSURANCE COMPANY OF KANSAS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$7,047.32	
4/15/2017	\$7,047.32	
5/15/2017	\$7,047.32	
6/15/2017	\$7,047.32	
7/15/2017	\$7,047.32	
8/15/2017	\$7,047.32	
TOTAL INSTALLMENTS PAID IN 2017:		\$42,283.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-15954-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 632 vehicles covered during 7/1/2016 to 12/31/2016		\$316.00
Auto Theft Authority Assessment for 848 vehicles covered during 1/1/2017 to 6/30/2017		\$424.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	15956	VELOCITY INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16011	NATIONAL TRANSPORTATION INSURANCE COMPANY RRG, LLC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16023	LEMONADE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16024	FEDERATED RESERVE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16024-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16024-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16044	EVEREST DENALI INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-16044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16045	EVEREST PREMIER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16046	NEBRASKA LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16046-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	16058	BANNER HEALTH AND AETNA HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	16059	BANNER HEALTH AND AETNA HEALTH PLAN INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16063	UNITRIN AUTO AND HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16104	EAGLE BUILDERS INSURANCE COMPANY RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16109	STARR SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-16109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16116	JM SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	16122	BRIGHT HEALTH COMPANY OF ARIZONA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	16137	STATES TITLE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16155	RECOVER INSURANCE COMPANY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16187	METROMILE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-16187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16217	NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$599.58	
4/15/2017	\$599.58	
5/15/2017	\$599.58	
6/15/2017	\$599.58	
7/15/2017	\$599.58	
8/15/2017	\$599.58	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,597.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 28,387 vehicles covered during 7/1/2016 to 12/31/2016		\$14,193.50
Auto Theft Authority Assessment for 142 vehicles covered during 1/1/2017 to 6/30/2017		\$71.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	16322	PROGRESSIVE DIRECT INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	16535	ZURICH AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$169,079.19
4/15/2017	\$169,079.19
5/15/2017	\$169,079.19
6/15/2017	\$169,079.19
7/15/2017	\$169,079.19
8/15/2017	\$169,079.19
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,014,475.14

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,113.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16535-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16535-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,386 vehicles covered during 7/1/2016 to 12/31/2016		\$3,193.00
Auto Theft Authority Assessment for 7,296 vehicles covered during 1/1/2017 to 6/30/2017		\$3,648.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16578	STILLWATER PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16608	NEW YORK MARINE AND GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$27,343.91
4/15/2017	\$27,343.91
5/15/2017	\$27,343.91
6/15/2017	\$27,343.91
7/15/2017	\$27,343.91
8/15/2017	\$27,343.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$164,063.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 151 vehicles covered during 7/1/2016 to 12/31/2016		\$75.50
Auto Theft Authority Assessment for 219 vehicles covered during 1/1/2017 to 6/30/2017		\$109.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16624	ALLIED WORLD SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,610.81
4/15/2017	\$9,610.81
5/15/2017	\$9,610.81
6/15/2017	\$9,610.81
7/15/2017	\$9,610.81
8/15/2017	\$9,610.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$57,664.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 721 vehicles covered during 7/1/2016 to 12/31/2016		\$360.50
Auto Theft Authority Assessment for 171 vehicles covered during 1/1/2017 to 6/30/2017		\$85.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16659	UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF NC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16675	GENWORTH MORTGAGE INSURANCE CORPORATION OF N C
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	16691	GREAT AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$46,149.55	
4/15/2017	\$46,149.55	
5/15/2017	\$46,149.55	
6/15/2017	\$46,149.55	
7/15/2017	\$46,149.55	
8/15/2017	\$46,149.55	
TOTAL INSTALLMENTS PAID IN 2017:		\$276,897.30

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,064.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-16691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-16691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 875 vehicles covered during 7/1/2016 to 12/31/2016		\$437.50
Auto Theft Authority Assessment for 460 vehicles covered during 1/1/2017 to 6/30/2017		\$230.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16705	DEALERS ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,794.71
4/15/2017	\$1,794.71
5/15/2017	\$1,794.71
6/15/2017	\$1,795.00
7/15/2017	\$1,795.00
8/15/2017	\$1,795.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,769.13

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16713	BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16802	INFINITY SAFEGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,085.50
4/15/2017	\$1,085.50
5/15/2017	\$1,085.50
6/15/2017	\$1,085.50
7/15/2017	\$1,085.50
8/15/2017	\$1,085.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,513.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 437 vehicles covered during 7/1/2016 to 12/31/2016		\$218.50
Auto Theft Authority Assessment for 8,934 vehicles covered during 1/1/2017 to 6/30/2017		\$4,467.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	16810	AMERICAN MERCURY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-16810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	16942	MMIC INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	17221	HOMESITE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$44,708.00
4/15/2017	\$44,708.00
5/15/2017	\$44,708.00
6/15/2017	\$44,708.00
7/15/2017	\$44,708.00
8/15/2017	\$44,708.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$268,248.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-17221-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-17221-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	17230	ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$222,199.89
4/15/2017	\$222,199.89
5/15/2017	\$222,199.89
6/15/2017	\$222,199.89
7/15/2017	\$222,199.89
8/15/2017	\$222,199.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,333,199.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-17230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-17230-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 44,497 vehicles covered during 7/1/2016 to 12/31/2016		\$22,248.50
Auto Theft Authority Assessment for 45,748 vehicles covered during 1/1/2017 to 6/30/2017		\$22,874.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	17248	FLORIDA SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-17248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	17370	NAUTILUS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,246.36	
4/15/2017	\$4,246.36	
5/15/2017	\$4,246.36	
6/15/2017	\$4,246.36	
7/15/2017	\$4,246.36	
8/15/2017	\$4,246.36	
TOTAL INSTALLMENTS PAID IN 2017:		\$25,478.16

Auto Theft Authority Assessment for 199 vehicles covered during 7/1/2016 to 12/31/2016	\$99.50
Auto Theft Authority Assessment for 242 vehicles covered during 1/1/2017 to 6/30/2017	\$121.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	17558	OLD GUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	17965	AMERICAN SENTINEL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$22.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-17965-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-17965-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	18023	STAR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,107.56
4/15/2017	\$4,107.56
5/15/2017	\$4,107.56
6/15/2017	\$4,107.56
7/15/2017	\$4,107.56
8/15/2017	\$4,107.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$24,645.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-18023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-18023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 146 vehicles covered during 7/1/2016 to 12/31/2016		\$73.00
Auto Theft Authority Assessment for 233 vehicles covered during 1/1/2017 to 6/30/2017		\$116.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	18031	TOPA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,355.13
4/15/2017	\$1,355.13
5/15/2017	\$1,355.13
6/15/2017	\$1,355.13
7/15/2017	\$1,355.13
8/15/2017	\$1,355.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,130.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18058	PHILADELPHIA INDEMNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$13,557.62	
4/15/2017	\$13,557.62	
5/15/2017	\$13,557.62	
6/15/2017	\$13,557.62	
7/15/2017	\$13,557.62	
8/15/2017	\$13,557.62	
TOTAL INSTALLMENTS PAID IN 2017:		\$81,345.72

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$46.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-18058-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-18058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 18,316 vehicles covered during 7/1/2016 to 12/31/2016		\$9,158.25
Auto Theft Authority Assessment for 8,541 vehicles covered during 1/1/2017 to 6/30/2017		\$4,270.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18139	PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$24,502.12	
4/15/2017	\$24,502.12	
5/15/2017	\$24,502.12	
6/15/2017	\$24,502.12	
7/15/2017	\$24,502.12	
8/15/2017	\$24,502.12	
TOTAL INSTALLMENTS PAID IN 2017:		\$147,012.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 14,221 vehicles covered during 7/1/2016 to 12/31/2016		\$7,110.50
Auto Theft Authority Assessment for 12,338 vehicles covered during 1/1/2017 to 6/30/2017		\$6,169.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	18279	BANKERS STANDARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$68,115.63
4/15/2017	\$68,115.63
5/15/2017	\$68,115.63
6/15/2017	\$68,115.63
7/15/2017	\$68,115.63
8/15/2017	\$68,115.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$408,693.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-18279-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 5,894 vehicles covered during 7/1/2016 to 12/31/2016		\$2,947.00
Auto Theft Authority Assessment for 5,358 vehicles covered during 1/1/2017 to 6/30/2017		\$2,679.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18287	ASSURED GUARANTY MUNICIPAL CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,960.15
4/15/2017	\$2,960.15
5/15/2017	\$2,960.15
6/15/2017	\$2,960.15
7/15/2017	\$2,960.15
8/15/2017	\$2,960.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,760.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18287-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18333	PEERLESS INDEMNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,216.22
4/15/2017	\$20,216.22
5/15/2017	\$20,216.22
6/15/2017	\$20,216.22
7/15/2017	\$20,216.22
8/15/2017	\$20,216.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$121,297.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18333-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,805 vehicles covered during 7/1/2016 to 12/31/2016		\$902.50
Auto Theft Authority Assessment for 1,172 vehicles covered during 1/1/2017 to 6/30/2017		\$586.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	18341	INSURANCE CORPORATION OF NEW YORK, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18468	INDEMNITY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18468-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18538	RED ROCK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18600	USAA GENERAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$318,002.48
4/15/2017	\$318,002.48
5/15/2017	\$318,002.48
6/15/2017	\$318,002.48
7/15/2017	\$318,002.48
8/15/2017	\$318,002.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,908,014.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 91,687 vehicles covered during 7/1/2016 to 12/31/2016		\$45,843.50
Auto Theft Authority Assessment for 96,762 vehicles covered during 1/1/2017 to 6/30/2017		\$48,381.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18619	PLATTE RIVER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,865.89
4/15/2017	\$3,865.89
5/15/2017	\$3,865.89
6/15/2017	\$3,865.89
7/15/2017	\$3,865.89
8/15/2017	\$3,865.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,195.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18619-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	18694	GREAT MIDWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,707.76	
4/15/2017	\$3,707.76	
5/15/2017	\$3,707.76	
6/15/2017	\$3,707.76	
7/15/2017	\$3,707.76	
8/15/2017	\$3,707.76	
TOTAL INSTALLMENTS PAID IN 2017:		\$22,246.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-18694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 203 vehicles covered during 7/1/2016 to 12/31/2016		\$101.50
Auto Theft Authority Assessment for 275 vehicles covered during 1/1/2017 to 6/30/2017		\$137.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18708	AMBAC ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18708-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18732	ARCH MORTGAGE GUARANTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18740	MGIC INDEMNITY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18750	MERIT HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-18750-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-18750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	18767	CHURCH MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$14,828.47
4/15/2017	\$14,828.47
5/15/2017	\$14,828.47
6/15/2017	\$14,828.47
7/15/2017	\$14,828.47
8/15/2017	\$14,828.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$88,970.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-18767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 315 vehicles covered during 7/1/2016 to 12/31/2016		\$157.50
Auto Theft Authority Assessment for 322 vehicles covered during 1/1/2017 to 6/30/2017		\$161.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18813	DENTISTS BENEFITS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,172.91
4/15/2017	\$1,172.91
5/15/2017	\$1,172.91
6/15/2017	\$1,172.91
7/15/2017	\$1,172.91
8/15/2017	\$1,172.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,037.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18939	UNITED HERITAGE PROPERTY & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$934.41	
4/15/2017	\$934.41	
5/15/2017	\$934.41	
6/15/2017	\$934.41	
7/15/2017	\$934.41	
8/15/2017	\$934.41	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,606.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 121 vehicles covered during 7/1/2016 to 12/31/2016		\$60.50
Auto Theft Authority Assessment for 433 vehicles covered during 1/1/2017 to 6/30/2017		\$216.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	18953	CSE SAFEGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18953-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	18961	CRESTBROOK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$32,692.02
4/15/2017	\$32,692.02
5/15/2017	\$32,692.02
6/15/2017	\$32,692.02
7/15/2017	\$32,692.02
8/15/2017	\$32,692.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$196,152.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,070 vehicles covered during 7/1/2016 to 12/31/2016		\$1,035.00
Auto Theft Authority Assessment for 4,784 vehicles covered during 1/1/2017 to 6/30/2017		\$2,392.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	18988	AUTO-OWNERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$117,297.66
4/15/2017	\$117,297.66
5/15/2017	\$117,297.66
6/15/2017	\$117,297.66
7/15/2017	\$117,297.66
8/15/2017	\$117,297.66
TOTAL INSTALLMENTS PAID IN 2017:	
	\$703,785.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-18988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-18988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 19,080 vehicles covered during 7/1/2016 to 12/31/2016		\$9,540.00
Auto Theft Authority Assessment for 23,814 vehicles covered during 1/1/2017 to 6/30/2017		\$11,907.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19038	TRAVELERS CASUALTY AND SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,933.36
4/15/2017	\$1,933.36
5/15/2017	\$1,933.36
6/15/2017	\$1,933.36
7/15/2017	\$1,933.36
8/15/2017	\$1,933.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,600.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19038-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19038-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19046	TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$49,359.13	
4/15/2017	\$49,359.13	
5/15/2017	\$49,359.13	
6/15/2017	\$49,359.13	
7/15/2017	\$49,359.13	
8/15/2017	\$49,359.13	
TOTAL INSTALLMENTS PAID IN 2017:		\$296,154.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19046-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 295 vehicles covered during 7/1/2016 to 12/31/2016		\$147.50
Auto Theft Authority Assessment for 480 vehicles covered during 1/1/2017 to 6/30/2017		\$240.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19062	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,188.40
4/15/2017	\$35,188.40
5/15/2017	\$35,188.40
6/15/2017	\$35,188.40
7/15/2017	\$35,188.40
8/15/2017	\$35,188.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$211,130.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19062-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19062-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19070	STANDARD FIRE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,615.51
4/15/2017	\$9,615.51
5/15/2017	\$9,615.51
6/15/2017	\$9,615.51
7/15/2017	\$9,615.51
8/15/2017	\$9,615.51
TOTAL INSTALLMENTS PAID IN 2017:	
	\$57,693.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19070-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19070-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19100	AMCO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$99,790.40	
4/15/2017	\$99,790.40	
5/15/2017	\$99,790.40	
6/15/2017	\$99,790.40	
7/15/2017	\$99,790.40	
8/15/2017	\$99,790.40	
TOTAL INSTALLMENTS PAID IN 2017:		\$598,742.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19100-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8,095 vehicles covered during 7/1/2016 to 12/31/2016		\$4,047.50
Auto Theft Authority Assessment for 7,690 vehicles covered during 1/1/2017 to 6/30/2017		\$3,845.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19119	NATIONAL UNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17.93

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	19178	SOUTHERN GUARANTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19216	SOUTHERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,521.15
4/15/2017	\$1,521.15
5/15/2017	\$1,521.15
6/15/2017	\$1,521.15
7/15/2017	\$1,521.15
8/15/2017	\$1,521.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,126.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 80 vehicles covered during 7/1/2016 to 12/31/2016		\$40.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19224	ST. PAUL PROTECTIVE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19224-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19224-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2016 to 12/31/2016		\$6.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19232	ALLSTATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$182,187.55
4/15/2017	\$182,187.55
5/15/2017	\$182,187.55
6/15/2017	\$182,187.55
7/15/2017	\$182,187.55
8/15/2017	\$182,187.55
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,093,125.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 31,521 vehicles covered during 7/1/2016 to 12/31/2016		\$15,760.50
Auto Theft Authority Assessment for 29,122 vehicles covered during 1/1/2017 to 6/30/2017		\$14,561.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19240	ALLSTATE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$197,214.15
4/15/2017	\$197,214.15
5/15/2017	\$197,214.15
6/15/2017	\$197,214.15
7/15/2017	\$197,214.15
8/15/2017	\$197,214.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,183,284.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19240-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 10,015 vehicles covered during 7/1/2016 to 12/31/2016		\$5,007.50
Auto Theft Authority Assessment for 9,149 vehicles covered during 1/1/2017 to 6/30/2017		\$4,574.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19259	SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19259-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19275	AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$378,716.45
4/15/2017	\$378,716.45
5/15/2017	\$378,716.45
6/15/2017	\$378,716.45
7/15/2017	\$378,716.45
8/15/2017	\$378,716.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,272,298.70

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,110.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 168,195 vehicles covered during 7/1/2016 to 12/31/2016		\$84,097.50
Auto Theft Authority Assessment for 147,616 vehicles covered during 1/1/2017 to 6/30/2017		\$73,808.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19283	AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$30,648.53	
4/15/2017	\$30,648.53	
5/15/2017	\$30,648.53	
6/15/2017	\$30,648.53	
7/15/2017	\$30,648.53	
8/15/2017	\$30,648.53	
TOTAL INSTALLMENTS PAID IN 2017:		\$183,891.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19283-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10,834 vehicles covered during 7/1/2016 to 12/31/2016		\$5,417.00
Auto Theft Authority Assessment for 7,850 vehicles covered during 1/1/2017 to 6/30/2017		\$3,925.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19348	CAPSON PHYSICIANS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,060.65
4/15/2017	\$3,060.65
5/15/2017	\$3,060.65
6/15/2017	\$3,060.65
7/15/2017	\$3,060.65
8/15/2017	\$3,060.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,363.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	19380	AMERICAN HOME ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$16,370.72
4/15/2017	\$16,370.72
5/15/2017	\$16,370.72
6/15/2017	\$16,370.72
7/15/2017	\$16,370.72
8/15/2017	\$16,370.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$98,224.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$21.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19399	AIU INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19402	AIG PROPERTY CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$31,571.23
4/15/2017	\$31,571.23
5/15/2017	\$31,571.23
6/15/2017	\$31,571.23
7/15/2017	\$31,571.23
8/15/2017	\$31,571.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$189,427.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19402-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 3,089 vehicles covered during 7/1/2016 to 12/31/2016		\$1,544.50
Auto Theft Authority Assessment for 1,976 vehicles covered during 1/1/2017 to 6/30/2017		\$988.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19410	COMMERCE AND INDUSTRY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$14,532.24
4/15/2017	\$14,532.24
5/15/2017	\$14,532.24
6/15/2017	\$14,532.24
7/15/2017	\$14,532.24
8/15/2017	\$14,532.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$87,193.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 61 vehicles covered during 7/1/2016 to 12/31/2016		\$30.50
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2017 to 6/30/2017		\$9.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19429	INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$9,334.68	
4/15/2017	\$9,334.68	
5/15/2017	\$9,334.68	
6/15/2017	\$9,334.68	
7/15/2017	\$9,334.68	
8/15/2017	\$9,334.68	
TOTAL INSTALLMENTS PAID IN 2017:		\$56,008.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 413 vehicles covered during 7/1/2016 to 12/31/2016		\$206.50
Auto Theft Authority Assessment for 757 vehicles covered during 1/1/2017 to 6/30/2017		\$378.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19445	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$183,961.63
4/15/2017	\$183,961.63
5/15/2017	\$183,961.63
6/15/2017	\$183,961.63
7/15/2017	\$183,961.63
8/15/2017	\$183,961.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,103,769.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14,721.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,302 vehicles covered during 7/1/2016 to 12/31/2016		\$2,151.00
Auto Theft Authority Assessment for 3,502 vehicles covered during 1/1/2017 to 6/30/2017		\$1,751.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19453	TRANSATLANTIC REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19453-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19488	AMERISURE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$9,362.58	
4/15/2017	\$9,362.58	
5/15/2017	\$9,362.58	
6/15/2017	\$9,362.58	
7/15/2017	\$9,362.58	
8/15/2017	\$9,362.58	
TOTAL INSTALLMENTS PAID IN 2017:		\$56,175.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,235 vehicles covered during 7/1/2016 to 12/31/2016		\$617.50
Auto Theft Authority Assessment for 1,317 vehicles covered during 1/1/2017 to 6/30/2017		\$658.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	19489	ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19496	UNITED FIRE & INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	19518	CATLIN INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,011.77
4/15/2017	\$4,011.77
5/15/2017	\$4,011.77
6/15/2017	\$4,011.77
7/15/2017	\$4,011.77
8/15/2017	\$4,011.77
TOTAL INSTALLMENTS PAID IN 2017:	
	\$24,070.62

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$221.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19526	UFG SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19526-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19530	HALLMARK NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	19577	VILLANOVA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19615	AMERICAN RELIABLE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,222.73
4/15/2017	\$23,222.73
5/15/2017	\$23,222.73
6/15/2017	\$23,222.73
7/15/2017	\$23,222.73
8/15/2017	\$23,222.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$139,336.38

Auto Theft Authority Assessment for 921 vehicles covered during 7/1/2016 to 12/31/2016	\$460.50
Auto Theft Authority Assessment for 713 vehicles covered during 1/1/2017 to 6/30/2017	\$356.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19623	AMERICAN SUMMIT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$52,600.00
4/15/2017	\$52,600.00
5/15/2017	\$52,600.00
6/15/2017	\$52,600.00
7/15/2017	\$52,600.00
8/15/2017	\$52,600.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$315,600.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19623-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19631	AMERICAN ROAD INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,334.93
4/15/2017	\$3,334.93
5/15/2017	\$3,334.93
6/15/2017	\$3,334.93
7/15/2017	\$3,334.93
8/15/2017	\$3,334.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$20,009.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19631-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 151 vehicles covered during 7/1/2016 to 12/31/2016		\$75.50
Auto Theft Authority Assessment for 155 vehicles covered during 1/1/2017 to 6/30/2017		\$77.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19658	BRISTOL WEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19682	HARTFORD FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$50,349.53	
4/15/2017	\$50,349.53	
5/15/2017	\$50,349.53	
6/15/2017	\$50,349.53	
7/15/2017	\$50,349.53	
8/15/2017	\$50,349.53	
TOTAL INSTALLMENTS PAID IN 2017:		\$302,097.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,688 vehicles covered during 7/1/2016 to 12/31/2016		\$844.00
Auto Theft Authority Assessment for 1,619 vehicles covered during 1/1/2017 to 6/30/2017		\$809.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19690	AMERICAN ECONOMY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,547.55
4/15/2017	\$2,547.55
5/15/2017	\$2,547.55
6/15/2017	\$2,547.55
7/15/2017	\$2,547.55
8/15/2017	\$2,547.55
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,285.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 89 vehicles covered during 7/1/2016 to 12/31/2016		\$44.50
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2017 to 6/30/2017		\$29.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19704	AMERICAN STATES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,265.36
4/15/2017	\$4,265.36
5/15/2017	\$4,265.36
6/15/2017	\$4,265.36
7/15/2017	\$4,265.36
8/15/2017	\$4,265.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$25,592.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 492 vehicles covered during 7/1/2016 to 12/31/2016		\$246.00
Auto Theft Authority Assessment for 327 vehicles covered during 1/1/2017 to 6/30/2017		\$163.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19712	AMERICAN STATES INSURANCE COMPANY OF TEXAS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19712-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19720	AMERICAN ALTERNATIVE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$32,598.75	
4/15/2017	\$32,598.75	
5/15/2017	\$32,598.75	
6/15/2017	\$32,598.75	
7/15/2017	\$32,598.75	
8/15/2017	\$32,598.75	
TOTAL INSTALLMENTS PAID IN 2017:		\$195,592.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,153 vehicles covered during 7/1/2016 to 12/31/2016		\$1,076.50
Auto Theft Authority Assessment for 1,061 vehicles covered during 1/1/2017 to 6/30/2017		\$530.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19747	AMERICAN UNIVERSAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19801	ARGONAUT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,014.84
4/15/2017	\$12,014.84
5/15/2017	\$12,014.84
6/15/2017	\$12,014.84
7/15/2017	\$12,014.84
8/15/2017	\$12,014.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$72,089.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,735 vehicles covered during 7/1/2016 to 12/31/2016		\$867.50
Auto Theft Authority Assessment for 820 vehicles covered during 1/1/2017 to 6/30/2017		\$410.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19828	ARGONAUT-MIDWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 39 vehicles covered during 7/1/2016 to 12/31/2016		\$19.50
Auto Theft Authority Assessment for 49 vehicles covered during 1/1/2017 to 6/30/2017		\$24.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19836	SELECT MARKETS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19844	ARGONAUT-SOUTHWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19852	FINANCIAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$371.59	
4/15/2017	\$371.59	
5/15/2017	\$371.59	
6/15/2017	\$371.59	
7/15/2017	\$371.59	
8/15/2017	\$371.59	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,229.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19852-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19852-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 138 vehicles covered during 7/1/2016 to 12/31/2016		\$69.00
Auto Theft Authority Assessment for 135 vehicles covered during 1/1/2017 to 6/30/2017		\$67.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19860	ARGONAUT GREAT CENTRAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$966.09
4/15/2017	\$966.09
5/15/2017	\$966.09
6/15/2017	\$966.09
7/15/2017	\$966.09
8/15/2017	\$966.09
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,796.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2016 to 12/31/2016		\$7.00
Auto Theft Authority Assessment for 23 vehicles covered during 1/1/2017 to 6/30/2017		\$11.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19879	SECURITY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,106.54
4/15/2017	\$5,106.54
5/15/2017	\$5,106.54
6/15/2017	\$5,106.54
7/15/2017	\$5,106.54
8/15/2017	\$5,106.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$30,639.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 956 vehicles covered during 7/1/2016 to 12/31/2016		\$478.00
Auto Theft Authority Assessment for 594 vehicles covered during 1/1/2017 to 6/30/2017		\$297.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19887	TRINITY UNIVERSAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19895	ATLANTIC MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19909	CENTENNIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	19917	LIBERTY INSURANCE UNDERWRITERS INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$222,015.84
4/15/2017	\$222,015.84
5/15/2017	\$222,015.84
6/15/2017	\$222,015.84
7/15/2017	\$222,015.84
8/15/2017	\$222,015.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,332,095.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19917-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-19917-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19941	AMERICAN COMMERCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,048.54
4/15/2017	\$13,048.54
5/15/2017	\$13,048.54
6/15/2017	\$13,048.54
7/15/2017	\$13,048.54
8/15/2017	\$13,048.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$78,291.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19941-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,933 vehicles covered during 7/1/2016 to 12/31/2016		\$966.50
Auto Theft Authority Assessment for 1,641 vehicles covered during 1/1/2017 to 6/30/2017		\$820.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19976	AMICA MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$78,945.05
4/15/2017	\$78,945.05
5/15/2017	\$78,945.05
6/15/2017	\$78,945.05
7/15/2017	\$78,945.05
8/15/2017	\$78,945.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$473,670.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8,415 vehicles covered during 7/1/2016 to 12/31/2016		\$4,207.50
Auto Theft Authority Assessment for 8,946 vehicles covered during 1/1/2017 to 6/30/2017		\$4,473.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	19984	ACIG INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-19984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	19992	AMERICAN SELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,354.88
4/15/2017	\$2,354.88
5/15/2017	\$2,354.88
6/15/2017	\$2,354.88
7/15/2017	\$2,354.88
8/15/2017	\$2,354.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,129.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-19992-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-19992-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20044	BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,063.70
4/15/2017	\$6,063.70
5/15/2017	\$6,063.70
6/15/2017	\$6,063.70
7/15/2017	\$6,063.70
8/15/2017	\$6,063.70
TOTAL INSTALLMENTS PAID IN 2017:	
	\$36,382.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20052	NATIONAL LIABILITY & FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,130.93
4/15/2017	\$7,130.93
5/15/2017	\$7,130.93
6/15/2017	\$7,130.93
7/15/2017	\$7,130.93
8/15/2017	\$7,130.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$42,785.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 687 vehicles covered during 7/1/2016 to 12/31/2016		\$343.50
Auto Theft Authority Assessment for 692 vehicles covered during 1/1/2017 to 6/30/2017		\$346.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20087	NATIONAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,190.78
4/15/2017	\$28,190.78
5/15/2017	\$28,190.78
6/15/2017	\$28,190.78
7/15/2017	\$28,190.78
8/15/2017	\$28,190.78
TOTAL INSTALLMENTS PAID IN 2017:	
	\$169,144.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 452 vehicles covered during 7/1/2016 to 12/31/2016		\$226.00
Auto Theft Authority Assessment for 457 vehicles covered during 1/1/2017 to 6/30/2017		\$228.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20095	BITCO GENERAL INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,740.10	
4/15/2017	\$3,740.10	
5/15/2017	\$3,740.10	
6/15/2017	\$3,740.10	
7/15/2017	\$3,740.10	
8/15/2017	\$3,740.10	
TOTAL INSTALLMENTS PAID IN 2017:		\$22,440.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 273 vehicles covered during 7/1/2016 to 12/31/2016		\$136.50
Auto Theft Authority Assessment for 311 vehicles covered during 1/1/2017 to 6/30/2017		\$155.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	20109	BITCO NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,084.02
4/15/2017	\$1,084.02
5/15/2017	\$1,084.02
6/15/2017	\$1,084.02
7/15/2017	\$1,084.02
8/15/2017	\$1,084.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,504.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2016 to 12/31/2016		\$1.00
Auto Theft Authority Assessment for 45 vehicles covered during 1/1/2017 to 6/30/2017		\$22.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20117	CALIFORNIA CASUALTY INDEMNITY EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,073.82
4/15/2017	\$9,073.82
5/15/2017	\$9,073.82
6/15/2017	\$9,073.82
7/15/2017	\$9,073.82
8/15/2017	\$9,073.82
TOTAL INSTALLMENTS PAID IN 2017:	
	\$54,442.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20125	CALIFORNIA CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20141	NATIONAL TRUST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20222	ALL AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,109.81
4/15/2017	\$5,109.81
5/15/2017	\$5,109.81
6/15/2017	\$5,109.81
7/15/2017	\$5,109.81
8/15/2017	\$5,109.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$30,658.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 264 vehicles covered during 7/1/2016 to 12/31/2016		\$132.00
Auto Theft Authority Assessment for 770 vehicles covered during 1/1/2017 to 6/30/2017		\$385.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20230	CENTRAL MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$73,687.32	
4/15/2017	\$73,687.32	
5/15/2017	\$73,687.32	
6/15/2017	\$73,687.32	
7/15/2017	\$73,687.32	
8/15/2017	\$73,687.32	
TOTAL INSTALLMENTS PAID IN 2017:		\$442,123.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10,748 vehicles covered during 7/1/2016 to 12/31/2016		\$5,374.00
Auto Theft Authority Assessment for 11,512 vehicles covered during 1/1/2017 to 6/30/2017		\$5,756.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	20257	INSURANCE COMPANY OF FLORIDA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	20260	INFINITY SELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$6,702.19	
4/15/2017	\$6,702.19	
5/15/2017	\$6,702.19	
6/15/2017	\$6,702.19	
7/15/2017	\$6,702.19	
8/15/2017	\$6,702.19	
TOTAL INSTALLMENTS PAID IN 2017:		\$40,213.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,506 vehicles covered during 7/1/2016 to 12/31/2016		\$2,253.00
Auto Theft Authority Assessment for 3,221 vehicles covered during 1/1/2017 to 6/30/2017		\$1,610.50

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	20273	WRM AMERICA INDEMNITY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	20281	FEDERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$157,265.84
4/15/2017	\$157,265.84
5/15/2017	\$157,265.84
6/15/2017	\$157,265.84
7/15/2017	\$157,265.84
8/15/2017	\$157,265.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$943,595.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,759.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,890 vehicles covered during 7/1/2016 to 12/31/2016		\$945.00
Auto Theft Authority Assessment for 1,801 vehicles covered during 1/1/2017 to 6/30/2017		\$900.50

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NAIC / Name	20303	GREAT NORTHERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,552.97
4/15/2017	\$28,552.97
5/15/2017	\$28,552.97
6/15/2017	\$28,552.97
7/15/2017	\$28,552.97
8/15/2017	\$28,552.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$171,317.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20303-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20303-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,502 vehicles covered during 7/1/2016 to 12/31/2016		\$751.00
Auto Theft Authority Assessment for 1,567 vehicles covered during 1/1/2017 to 6/30/2017		\$783.50

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	20311	SYNCORA GUARANTEE INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20311-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	20338	PALOMAR SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20338-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20346	PACIFIC INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$94,486.35
4/15/2017	\$94,486.35
5/15/2017	\$94,486.35
6/15/2017	\$94,486.35
7/15/2017	\$94,486.35
8/15/2017	\$94,486.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$566,918.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,802 vehicles covered during 7/1/2016 to 12/31/2016		\$2,401.00
Auto Theft Authority Assessment for 4,914 vehicles covered during 1/1/2017 to 6/30/2017		\$2,457.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	20362	MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,156.72
4/15/2017	\$8,156.72
5/15/2017	\$8,156.72
6/15/2017	\$8,156.72
7/15/2017	\$8,156.72
8/15/2017	\$8,156.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$48,940.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20362-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20362-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 657 vehicles covered during 7/1/2016 to 12/31/2016		\$328.50
Auto Theft Authority Assessment for 59 vehicles covered during 1/1/2017 to 6/30/2017		\$29.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20370	AXIS REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20397	VIGILANT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,222.01
4/15/2017	\$7,222.01
5/15/2017	\$7,222.01
6/15/2017	\$7,222.01
7/15/2017	\$7,222.01
8/15/2017	\$7,222.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$43,332.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20397-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20397-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 399 vehicles covered during 7/1/2016 to 12/31/2016		\$199.50
Auto Theft Authority Assessment for 403 vehicles covered during 1/1/2017 to 6/30/2017		\$201.50

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	20400	PROSELECT NATIONAL INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20419	HOMESITE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$47,688.97
4/15/2017	\$47,688.97
5/15/2017	\$47,688.97
6/15/2017	\$47,688.97
7/15/2017	\$47,688.97
8/15/2017	\$47,688.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$286,133.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20419-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	20427	AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,997.50
4/15/2017	\$28,997.50
5/15/2017	\$28,997.50
6/15/2017	\$28,997.50
7/15/2017	\$28,997.50
8/15/2017	\$28,997.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$173,985.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 504 vehicles covered during 7/1/2016 to 12/31/2016		\$252.00
Auto Theft Authority Assessment for 419 vehicles covered during 1/1/2017 to 6/30/2017		\$209.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	20443	CONTINENTAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$251,792.03
4/15/2017	\$251,792.03
5/15/2017	\$251,792.03
6/15/2017	\$251,792.03
7/15/2017	\$251,792.03
8/15/2017	\$251,792.03
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,510,752.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$11,919.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20443-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20443-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,360 vehicles covered during 7/1/2016 to 12/31/2016		\$680.00
Auto Theft Authority Assessment for 1,369 vehicles covered during 1/1/2017 to 6/30/2017		\$684.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	20451	MIDSTATES REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	20478	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,355.90
4/15/2017	\$15,355.90
5/15/2017	\$15,355.90
6/15/2017	\$15,355.90
7/15/2017	\$15,355.90
8/15/2017	\$15,355.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$92,135.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20478-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 747 vehicles covered during 7/1/2016 to 12/31/2016		\$373.50
Auto Theft Authority Assessment for 642 vehicles covered during 1/1/2017 to 6/30/2017		\$321.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	20494	TRANSPORTATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$9,331.25	
4/15/2017	\$9,331.25	
5/15/2017	\$9,331.25	
6/15/2017	\$9,331.25	
7/15/2017	\$9,331.25	
8/15/2017	\$9,331.25	
TOTAL INSTALLMENTS PAID IN 2017:		\$55,987.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20494-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 276 vehicles covered during 7/1/2016 to 12/31/2016		\$138.00
Auto Theft Authority Assessment for 278 vehicles covered during 1/1/2017 to 6/30/2017		\$139.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	20508	VALLEY FORGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,283.03
4/15/2017	\$24,283.03
5/15/2017	\$24,283.03
6/15/2017	\$24,283.03
7/15/2017	\$24,283.03
8/15/2017	\$24,283.03
TOTAL INSTALLMENTS PAID IN 2017:	
	\$145,698.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20508-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20508-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,249 vehicles covered during 7/1/2016 to 12/31/2016		\$624.50
Auto Theft Authority Assessment for 1,387 vehicles covered during 1/1/2017 to 6/30/2017		\$693.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20516	EULER HERMES NORTH AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,948.10
4/15/2017	\$4,948.10
5/15/2017	\$4,948.10
6/15/2017	\$4,948.10
7/15/2017	\$4,948.10
8/15/2017	\$4,948.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$29,688.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20516-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20532	CLARENDON NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20532-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20532-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 15 vehicles covered during 7/1/2016 to 12/31/2016		\$7.50
Auto Theft Authority Assessment for 11 vehicles covered during 1/1/2017 to 6/30/2017		\$5.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	20583	XL REINSURANCE AMERICA INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20613	SPARTA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20613-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20613-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20621	LAMORAK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20621-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20648	EMPLOYERS' FIRE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20648-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20699	ACE PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,139.98
4/15/2017	\$20,139.93
5/15/2017	\$20,139.98
6/15/2017	\$20,139.98
7/15/2017	\$20,139.98
8/15/2017	\$20,139.98
TOTAL INSTALLMENTS PAID IN 2017:	
\$120,839.83	

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20699-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2016 to 12/31/2016		\$15.00
Auto Theft Authority Assessment for 48 vehicles covered during 1/1/2017 to 6/30/2017		\$24.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20702	ACE FIRE UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$969.57
4/15/2017	\$969.57
5/15/2017	\$969.57
6/15/2017	\$969.57
7/15/2017	\$969.57
8/15/2017	\$969.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,817.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20702-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20702-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2017 to 6/30/2017		\$1.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20710	CENTURY INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-20710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-20710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20796	21ST CENTURY PREMIER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20796-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20796-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 81 vehicles covered during 7/1/2016 to 12/31/2016		\$40.50
Auto Theft Authority Assessment for 78 vehicles covered during 1/1/2017 to 6/30/2017		\$39.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20931	ATLANTA INTERNATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-20931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	20982	COUNTRY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$925.35	
4/15/2017	\$925.35	
5/15/2017	\$925.35	
6/15/2017	\$925.35	
7/15/2017	\$925.35	
8/15/2017	\$925.35	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,552.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20982-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 137 vehicles covered during 7/1/2016 to 12/31/2016		\$68.50
Auto Theft Authority Assessment for 125 vehicles covered during 1/1/2017 to 6/30/2017		\$62.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	20990	COUNTRY MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$60,982.46	
4/15/2017	\$60,982.46	
5/15/2017	\$60,982.46	
6/15/2017	\$60,982.46	
7/15/2017	\$60,982.46	
8/15/2017	\$60,982.46	
TOTAL INSTALLMENTS PAID IN 2017:		\$365,894.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-20990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,849 vehicles covered during 7/1/2016 to 12/31/2016		\$1,424.50
Auto Theft Authority Assessment for 2,589 vehicles covered during 1/1/2017 to 6/30/2017		\$1,294.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21008	COUNTRY PREFERRED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$84,316.49	
4/15/2017	\$84,316.49	
5/15/2017	\$84,316.49	
6/15/2017	\$84,316.49	
7/15/2017	\$84,316.49	
8/15/2017	\$84,316.49	
TOTAL INSTALLMENTS PAID IN 2017:		\$505,898.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21008-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 26,173 vehicles covered during 7/1/2016 to 12/31/2016		\$13,086.50
Auto Theft Authority Assessment for 25,635 vehicles covered during 1/1/2017 to 6/30/2017		\$12,817.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21032	GLOBAL REINSURANCE CORPORATION OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21040	FREMONT INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21075	FINANCIAL AMERICAN PROPERTY AND CASUALTY IC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21075-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21075-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	21105	NORTH RIVER INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$2,403.93	
4/15/2017	\$2,403.93	
5/15/2017	\$2,403.93	
6/15/2017	\$2,403.93	
7/15/2017	\$2,403.93	
8/15/2017	\$2,403.93	
TOTAL INSTALLMENTS PAID IN 2017:		\$14,423.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 27 vehicles covered during 7/1/2016 to 12/31/2016		\$13.50
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2017 to 6/30/2017		\$10.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21113	UNITED STATES FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,574.90
4/15/2017	\$23,574.90
5/15/2017	\$23,574.90
6/15/2017	\$23,574.90
7/15/2017	\$23,574.90
8/15/2017	\$23,574.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$141,449.40

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,886.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21113-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21113-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 171 vehicles covered during 7/1/2016 to 12/31/2016		\$85.50
Auto Theft Authority Assessment for 101 vehicles covered during 1/1/2017 to 6/30/2017		\$50.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21164	DAIRYLAND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,347.90
4/15/2017	\$10,347.90
5/15/2017	\$10,347.90
6/15/2017	\$10,347.90
7/15/2017	\$10,347.90
8/15/2017	\$10,347.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$62,087.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21164-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8,772 vehicles covered during 7/1/2016 to 12/31/2016		\$4,386.00
Auto Theft Authority Assessment for 8,042 vehicles covered during 1/1/2017 to 6/30/2017		\$4,021.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21172	VANLINER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,638.19
4/15/2017	\$4,638.19
5/15/2017	\$4,638.19
6/15/2017	\$4,638.19
7/15/2017	\$4,638.19
8/15/2017	\$4,638.19
TOTAL INSTALLMENTS PAID IN 2017:	
	\$27,829.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 458 vehicles covered during 7/1/2016 to 12/31/2016		\$229.00
Auto Theft Authority Assessment for 435 vehicles covered during 1/1/2017 to 6/30/2017		\$217.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	21180	SENTRY SELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,114.13
4/15/2017	\$17,114.13
5/15/2017	\$17,114.13
6/15/2017	\$17,114.13
7/15/2017	\$17,114.13
8/15/2017	\$17,114.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$102,684.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 730 vehicles covered during 7/1/2016 to 12/31/2016		\$365.00
Auto Theft Authority Assessment for 1,356 vehicles covered during 1/1/2017 to 6/30/2017		\$678.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21237	SUBSCRIBERS AT CASUALTY RECIPROCAL EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21253	GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$179,550.28
4/15/2017	\$179,550.28
5/15/2017	\$179,550.28
6/15/2017	\$179,550.28
7/15/2017	\$179,550.28
8/15/2017	\$179,550.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,077,301.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 43,550 vehicles covered during 7/1/2016 to 12/31/2016		\$21,775.00
Auto Theft Authority Assessment for 47,021 vehicles covered during 1/1/2017 to 6/30/2017		\$23,510.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21261	ELECTRIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,951.78
4/15/2017	\$18,951.78
5/15/2017	\$18,951.78
6/15/2017	\$18,951.78
7/15/2017	\$18,951.78
8/15/2017	\$18,951.78
TOTAL INSTALLMENTS PAID IN 2017:	
	\$113,710.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-21261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 4,683 vehicles covered during 7/1/2016 to 12/31/2016		\$2,341.50
Auto Theft Authority Assessment for 5,094 vehicles covered during 1/1/2017 to 6/30/2017		\$2,547.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	21296	ALTERRA AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$674.37	
4/15/2017	\$674.37	
5/15/2017	\$674.37	
6/15/2017	\$674.37	
7/15/2017	\$674.37	
8/15/2017	\$674.37	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,046.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21296-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21296-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	21326	EMPIRE FIRE AND MARINE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$52,130.30
4/15/2017	\$52,130.30
5/15/2017	\$52,130.30
6/15/2017	\$52,130.30
7/15/2017	\$52,130.30
8/15/2017	\$52,130.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$312,781.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21326-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21326-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3,798 vehicles covered during 7/1/2016 to 12/31/2016		\$1,899.00
Auto Theft Authority Assessment for 3,414 vehicles covered during 1/1/2017 to 6/30/2017		\$1,707.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21407	EMCASCO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,102.15
4/15/2017	\$11,102.15
5/15/2017	\$11,102.15
6/15/2017	\$11,102.15
7/15/2017	\$11,102.15
8/15/2017	\$11,102.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$66,612.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21407-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,344 vehicles covered during 7/1/2016 to 12/31/2016		\$672.00
Auto Theft Authority Assessment for 1,325 vehicles covered during 1/1/2017 to 6/30/2017		\$662.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21415	EMPLOYERS MUTUAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$72,498.60	
4/15/2017	\$72,498.61	
5/15/2017	\$72,498.61	
6/15/2017	\$72,498.61	
7/15/2017	\$72,498.61	
8/15/2017	\$72,498.61	
TOTAL INSTALLMENTS PAID IN 2017:		\$434,991.65

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21415-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8,498 vehicles covered during 7/1/2016 to 12/31/2016		\$4,249.00
Auto Theft Authority Assessment for 10,267 vehicles covered during 1/1/2017 to 6/30/2017		\$5,133.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21423	UNION INSURANCE COMPANY OF PROVIDENCE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$905.69
4/15/2017	\$905.69
5/15/2017	\$905.69
6/15/2017	\$905.69
7/15/2017	\$905.69
8/15/2017	\$905.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,434.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2016 to 12/31/2016		\$3.50
Auto Theft Authority Assessment for 357 vehicles covered during 1/1/2017 to 6/30/2017		\$178.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21458	EMPLOYERS INSURANCE COMPANY OF WAUSAU
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$966.73	
4/15/2017	\$966.73	
5/15/2017	\$966.73	
6/15/2017	\$966.73	
7/15/2017	\$966.73	
8/15/2017	\$966.73	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,800.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21458-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 48 vehicles covered during 7/1/2016 to 12/31/2016		\$24.00
Auto Theft Authority Assessment for 40 vehicles covered during 1/1/2017 to 6/30/2017		\$20.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21466	EXCALIBUR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21482	FACTORY MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$99,131.11
4/15/2017	\$99,131.11
5/15/2017	\$99,131.11
6/15/2017	\$99,131.11
7/15/2017	\$99,131.11
8/15/2017	\$99,131.11
TOTAL INSTALLMENTS PAID IN 2017:	
	\$594,786.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21482-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21598	FARMERS INSURANCE COMPANY OF ARIZONA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,379,496.34
4/15/2017	\$1,379,292.01
5/15/2017	\$1,379,292.01
6/15/2017	\$1,379,292.01
7/15/2017	\$1,379,292.01
8/15/2017	\$1,379,292.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,275,956.39

Auto Theft Authority Assessment for 377,418 vehicles covered during 7/1/2016 to 12/31/2016	\$188,709.00
Auto Theft Authority Assessment for 367,637 vehicles covered during 1/1/2017 to 6/30/2017	\$183,818.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21652	FARMERS INSURANCE EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$410,097.42
4/15/2017	\$410,097.42
5/15/2017	\$410,097.42
6/15/2017	\$410,097.42
7/15/2017	\$410,097.42
8/15/2017	\$410,097.42
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,460,584.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-21652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 392 vehicles covered during 7/1/2016 to 12/31/2016		\$196.00
Auto Theft Authority Assessment for 414 vehicles covered during 1/1/2017 to 6/30/2017		\$207.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21660	FIRE INSURANCE EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	21687	MID-CENTURY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$89,617.63
4/15/2017	\$89,355.20
5/15/2017	\$89,355.20
6/15/2017	\$89,355.20
7/15/2017	\$89,355.20
8/15/2017	\$89,355.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$536,393.63

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21687-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-21687-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,714 vehicles covered during 7/1/2016 to 12/31/2016		\$857.00
Auto Theft Authority Assessment for 1,649 vehicles covered during 1/1/2017 to 6/30/2017		\$824.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21709	TRUCK INSURANCE EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$58,909.04	
4/15/2017	\$58,752.97	
5/15/2017	\$58,752.97	
6/15/2017	\$58,752.97	
7/15/2017	\$58,752.97	
8/15/2017	\$58,752.97	
TOTAL INSTALLMENTS PAID IN 2017:		\$352,673.89

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21709-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-21709-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 936 vehicles covered during 7/1/2016 to 12/31/2016		\$468.00
Auto Theft Authority Assessment for 895 vehicles covered during 1/1/2017 to 6/30/2017		\$447.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21741	ESURANCE INSURANCE COMPANY OF NEW JERSEY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21741-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	21784	FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,653.30	
4/15/2017	\$1,653.30	
5/15/2017	\$1,653.30	
6/15/2017	\$1,653.30	
7/15/2017	\$1,653.30	
8/15/2017	\$1,653.30	
TOTAL INSTALLMENTS PAID IN 2017:		\$9,919.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 321 vehicles covered during 7/1/2016 to 12/31/2016		\$160.50
Auto Theft Authority Assessment for 391 vehicles covered during 1/1/2017 to 6/30/2017		\$195.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21792	INFINITY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,077.11
4/15/2017	\$1,077.11
5/15/2017	\$1,077.11
6/15/2017	\$1,077.11
7/15/2017	\$1,077.11
8/15/2017	\$1,077.11
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,462.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21792-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 559 vehicles covered during 7/1/2016 to 12/31/2016		\$279.50
Auto Theft Authority Assessment for 13,466 vehicles covered during 1/1/2017 to 6/30/2017		\$6,733.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	21830	NEW ENGLAND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21849	AMERICAN AUTOMOBILE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,455.18
4/15/2017	\$3,455.18
5/15/2017	\$3,455.18
6/15/2017	\$3,455.18
7/15/2017	\$3,455.18
8/15/2017	\$3,455.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$20,731.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21849-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21849-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 125 vehicles covered during 7/1/2016 to 12/31/2016		\$62.50
Auto Theft Authority Assessment for 140 vehicles covered during 1/1/2017 to 6/30/2017		\$70.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	21857	AMERICAN INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,679.93
4/15/2017	\$9,679.93
5/15/2017	\$9,679.93
6/15/2017	\$9,679.93
7/15/2017	\$9,679.93
8/15/2017	\$9,679.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$58,079.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21857-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 128 vehicles covered during 7/1/2016 to 12/31/2016		\$64.00
Auto Theft Authority Assessment for 160 vehicles covered during 1/1/2017 to 6/30/2017		\$80.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	21865	ASSOCIATED INDEMNITY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$882.17	
4/15/2017	\$882.17	
5/15/2017	\$882.17	
6/15/2017	\$882.17	
7/15/2017	\$882.17	
8/15/2017	\$882.17	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,293.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-21865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2016 to 12/31/2016		\$13.00
Auto Theft Authority Assessment for 60 vehicles covered during 1/1/2017 to 6/30/2017		\$30.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	21873	FIREMAN'S FUND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,199.02
4/15/2017	\$11,199.02
5/15/2017	\$11,199.02
6/15/2017	\$11,199.02
7/15/2017	\$11,199.02
8/15/2017	\$11,199.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$67,194.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 714 vehicles covered during 7/1/2016 to 12/31/2016		\$357.00
Auto Theft Authority Assessment for 1,510 vehicles covered during 1/1/2017 to 6/30/2017		\$755.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	21881	NATIONAL SURETY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$10,287.34	
4/15/2017	\$10,287.34	
5/15/2017	\$10,287.34	
6/15/2017	\$10,287.34	
7/15/2017	\$10,287.34	
8/15/2017	\$10,287.34	
TOTAL INSTALLMENTS PAID IN 2017:		\$61,724.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21881-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21881-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 484 vehicles covered during 7/1/2016 to 12/31/2016		\$242.00
Auto Theft Authority Assessment for 371 vehicles covered during 1/1/2017 to 6/30/2017		\$185.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21903	PROCENTURY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21911	SAN FRANCISCO REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-21911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-21911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21962	PENNSYLVANIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21970	BEDIVERE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-21970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	21989	COMPASS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22004	CIM INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22012	MOTORS INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$724.23	
4/15/2017	\$724.23	
5/15/2017	\$724.23	
6/15/2017	\$724.23	
7/15/2017	\$724.23	
8/15/2017	\$724.23	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,345.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22039	GENERAL REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$609.52	
4/15/2017	\$609.52	
5/15/2017	\$609.52	
6/15/2017	\$609.52	
7/15/2017	\$609.52	
8/15/2017	\$609.52	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,657.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	22055	GEICO INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$69,593.14
4/15/2017	\$69,593.14
5/15/2017	\$69,593.14
6/15/2017	\$69,593.14
7/15/2017	\$69,593.14
8/15/2017	\$69,593.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$417,558.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22055-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 89,093 vehicles covered during 7/1/2016 to 12/31/2016		\$44,546.50
Auto Theft Authority Assessment for 89,496 vehicles covered during 1/1/2017 to 6/30/2017		\$44,748.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22063	GOVERNMENT EMPLOYEES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$66,944.60
4/15/2017	\$66,944.60
5/15/2017	\$66,944.60
6/15/2017	\$66,944.60
7/15/2017	\$66,944.60
8/15/2017	\$66,944.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$401,667.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22063-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22063-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 59,776 vehicles covered during 7/1/2016 to 12/31/2016		\$29,888.00
Auto Theft Authority Assessment for 55,803 vehicles covered during 1/1/2017 to 6/30/2017		\$27,901.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22098	GRAIN DEALERS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22098-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22136	GREAT AMERICAN INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,634.03
4/15/2017	\$10,634.03
5/15/2017	\$10,634.03
6/15/2017	\$10,634.03
7/15/2017	\$10,634.03
8/15/2017	\$10,634.03
TOTAL INSTALLMENTS PAID IN 2017:	
	\$63,804.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 175 vehicles covered during 7/1/2016 to 12/31/2016		\$87.50
Auto Theft Authority Assessment for 245 vehicles covered during 1/1/2017 to 6/30/2017		\$122.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22179	REPUBLIC INDEMNITY COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22187	GREATER NEW YORK MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$875.88
4/15/2017	\$875.88
5/15/2017	\$875.88
6/15/2017	\$875.88
7/15/2017	\$875.88
8/15/2017	\$875.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,255.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22187-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22187-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22209	FREEDOM SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,752.51	
4/15/2017	\$3,752.51	
5/15/2017	\$3,752.51	
6/15/2017	\$3,752.51	
7/15/2017	\$3,752.51	
8/15/2017	\$3,752.51	
TOTAL INSTALLMENTS PAID IN 2017:		\$22,515.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22225	21ST CENTURY PREFERRED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$852.69
4/15/2017	\$852.69
5/15/2017	\$852.69
6/15/2017	\$852.69
7/15/2017	\$852.69
8/15/2017	\$852.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,116.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22225-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22225-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 244 vehicles covered during 7/1/2016 to 12/31/2016		\$122.00
Auto Theft Authority Assessment for 223 vehicles covered during 1/1/2017 to 6/30/2017		\$111.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22233	SELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22233-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22241	MEDMARC CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,872.31
4/15/2017	\$4,872.31
5/15/2017	\$4,872.31
6/15/2017	\$4,872.31
7/15/2017	\$4,872.31
8/15/2017	\$4,872.31
TOTAL INSTALLMENTS PAID IN 2017:	
	\$29,233.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22250	BLUESHORE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,520.45
4/15/2017	\$5,520.45
5/15/2017	\$5,520.00
6/15/2017	\$5,520.41
7/15/2017	\$5,520.41
8/15/2017	\$5,520.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,122.13

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22268	INFINITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,839.10
4/15/2017	\$18,839.10
5/15/2017	\$18,839.10
6/15/2017	\$18,839.10
7/15/2017	\$18,839.10
8/15/2017	\$18,839.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$113,034.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22268-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 24,110 vehicles covered during 7/1/2016 to 12/31/2016		\$12,055.00
Auto Theft Authority Assessment for 19,328 vehicles covered during 1/1/2017 to 6/30/2017		\$9,664.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22276	BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,953.66
4/15/2017	\$18,953.66
5/15/2017	\$18,953.66
6/15/2017	\$18,953.66
7/15/2017	\$18,953.66
8/15/2017	\$18,953.66
TOTAL INSTALLMENTS PAID IN 2017:	
	\$113,721.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$322.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 238 vehicles covered during 7/1/2016 to 12/31/2016		\$119.00
Auto Theft Authority Assessment for 188 vehicles covered during 1/1/2017 to 6/30/2017		\$94.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22292	HANOVER INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,856.69
4/15/2017	\$13,856.69
5/15/2017	\$13,856.69
6/15/2017	\$13,856.69
7/15/2017	\$13,856.69
8/15/2017	\$13,856.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$83,140.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2016 to 12/31/2016		\$6.00
Auto Theft Authority Assessment for 25 vehicles covered during 1/1/2017 to 6/30/2017		\$12.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22306	MASSACHUSETTS BAY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,165.70
4/15/2017	\$3,165.70
5/15/2017	\$3,165.70
6/15/2017	\$3,165.70
7/15/2017	\$3,165.70
8/15/2017	\$3,165.70
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,994.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2016 to 12/31/2016		\$7.00
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2017 to 6/30/2017		\$13.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22314	RSUI INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,943.90
4/15/2017	\$11,943.90
5/15/2017	\$11,943.90
6/15/2017	\$11,943.90
7/15/2017	\$11,943.90
8/15/2017	\$11,943.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$71,663.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	22322	GREENWICH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$38,489.21
4/15/2017	\$38,489.21
5/15/2017	\$38,489.21
6/15/2017	\$38,489.21
7/15/2017	\$38,489.21
8/15/2017	\$38,489.21
TOTAL INSTALLMENTS PAID IN 2017:	
	\$230,935.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 7,721 vehicles covered during 7/1/2016 to 12/31/2016		\$3,860.50
Auto Theft Authority Assessment for 8,400 vehicles covered during 1/1/2017 to 6/30/2017		\$4,200.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22357	HARTFORD ACCIDENT AND INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,451.26
4/15/2017	\$15,451.26
5/15/2017	\$15,451.26
6/15/2017	\$15,451.26
7/15/2017	\$15,451.26
8/15/2017	\$15,451.26
TOTAL INSTALLMENTS PAID IN 2017:	
	\$92,707.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2,813 vehicles covered during 7/1/2016 to 12/31/2016		\$1,406.50
Auto Theft Authority Assessment for 2,937 vehicles covered during 1/1/2017 to 6/30/2017		\$1,468.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22454	MENDAKOTA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22454-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22489	HIGHLANDS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	22527	HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22543	SECURA INSURANCE, A MUTUAL COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$50,848.73
4/15/2017	\$50,848.73
5/15/2017	\$50,848.73
6/15/2017	\$50,848.73
7/15/2017	\$50,848.73
8/15/2017	\$50,848.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$305,092.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,036 vehicles covered during 7/1/2016 to 12/31/2016		\$2,018.00
Auto Theft Authority Assessment for 3,780 vehicles covered during 1/1/2017 to 6/30/2017		\$1,890.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22551	MITSUI SUMITOMO INSURANCE USA INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,721.00
4/15/2017	\$6,721.00
5/15/2017	\$6,721.00
6/15/2017	\$6,721.00
7/15/2017	\$6,721.00
8/15/2017	\$6,721.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$40,326.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 82 vehicles covered during 7/1/2016 to 12/31/2016		\$41.00
Auto Theft Authority Assessment for 113 vehicles covered during 1/1/2017 to 6/30/2017		\$56.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22578	HORACE MANN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,728.24
4/15/2017	\$17,728.24
5/15/2017	\$17,728.24
6/15/2017	\$17,728.24
7/15/2017	\$17,728.24
8/15/2017	\$17,728.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$106,369.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,056 vehicles covered during 7/1/2016 to 12/31/2016		\$2,528.00
Auto Theft Authority Assessment for 5,395 vehicles covered during 1/1/2017 to 6/30/2017		\$2,697.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22594	MGIC ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22608	NATIONAL SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,770.05
4/15/2017	\$15,770.05
5/15/2017	\$15,770.05
6/15/2017	\$15,770.05
7/15/2017	\$15,770.05
8/15/2017	\$15,770.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$94,620.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 64 vehicles covered during 7/1/2016 to 12/31/2016		\$32.00
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2017 to 6/30/2017		\$28.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	22667	ACE AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$162,248.61
4/15/2017	\$162,248.61
5/15/2017	\$162,248.61
6/15/2017	\$162,248.61
7/15/2017	\$162,248.61
8/15/2017	\$162,248.61
TOTAL INSTALLMENTS PAID IN 2017:	
	\$973,491.66

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$16,298.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22667-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22667-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,100 vehicles covered during 7/1/2016 to 12/31/2016		\$3,050.00
Auto Theft Authority Assessment for 10,994 vehicles covered during 1/1/2017 to 6/30/2017		\$5,497.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22683	TEACHERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,220.89
4/15/2017	\$7,220.89
5/15/2017	\$7,220.89
6/15/2017	\$7,220.89
7/15/2017	\$7,220.89
8/15/2017	\$7,220.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$43,325.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22683-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22683-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 252 vehicles covered during 7/1/2016 to 12/31/2016		\$126.00
Auto Theft Authority Assessment for 234 vehicles covered during 1/1/2017 to 6/30/2017		\$117.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22705	R&Q REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-22705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-22705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22713	INSURANCE COMPANY OF NORTH AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22730	ALLIED WORLD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,349.39
4/15/2017	\$8,349.39
5/15/2017	\$8,349.39
6/15/2017	\$8,349.39
7/15/2017	\$8,349.39
8/15/2017	\$8,349.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$50,096.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	22748	PACIFIC EMPLOYERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,711.35
4/15/2017	\$1,711.35
5/15/2017	\$1,711.35
6/15/2017	\$1,711.35
7/15/2017	\$1,711.35
8/15/2017	\$1,711.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,268.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22748-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-22748-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 90 vehicles covered during 7/1/2016 to 12/31/2016		\$45.00
Auto Theft Authority Assessment for 74 vehicles covered during 1/1/2017 to 6/30/2017		\$37.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22756	HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,896.04
4/15/2017	\$6,896.04
5/15/2017	\$6,896.04
6/15/2017	\$6,896.04
7/15/2017	\$6,896.04
8/15/2017	\$6,896.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$41,376.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22756-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,001 vehicles covered during 7/1/2016 to 12/31/2016		\$1,000.50
Auto Theft Authority Assessment for 1,885 vehicles covered during 1/1/2017 to 6/30/2017		\$942.50

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NAIC / Name	22772	INTEGON INDEMNITY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,028.59
4/15/2017	\$5,028.59
5/15/2017	\$5,028.59
6/15/2017	\$5,028.59
7/15/2017	\$5,028.59
8/15/2017	\$5,028.59
TOTAL INSTALLMENTS PAID IN 2017:	
	\$30,171.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 12,273 vehicles covered during 7/1/2016 to 12/31/2016		\$6,136.50
Auto Theft Authority Assessment for 14,598 vehicles covered during 1/1/2017 to 6/30/2017		\$7,299.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	22810	CHICAGO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22837	AGCS MARINE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,715.46
4/15/2017	\$17,715.46
5/15/2017	\$17,715.46
6/15/2017	\$17,715.46
7/15/2017	\$17,715.46
8/15/2017	\$17,715.46
TOTAL INSTALLMENTS PAID IN 2017:	
	\$106,292.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22837-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	22896	ACA FINANCIAL GUARANTY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	22906	PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,796.49
4/15/2017	\$1,796.49
5/15/2017	\$1,796.49
6/15/2017	\$1,796.49
7/15/2017	\$1,796.49
8/15/2017	\$1,796.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,778.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22906-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,438 vehicles covered during 7/1/2016 to 12/31/2016		\$719.00
Auto Theft Authority Assessment for 1,044 vehicles covered during 1/1/2017 to 6/30/2017		\$522.00

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NAIC / Name	22926	ECONOMY FIRE & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$334.03	
4/15/2017	\$334.03	
5/15/2017	\$334.03	
6/15/2017	\$334.03	
7/15/2017	\$334.03	
8/15/2017	\$334.03	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,004.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 150 vehicles covered during 7/1/2016 to 12/31/2016		\$75.00
Auto Theft Authority Assessment for 361 vehicles covered during 1/1/2017 to 6/30/2017		\$180.50

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	22950	ACSTAR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	22977	LUMBERMENS MUTUAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	22985	SEQUOIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$919.00
4/15/2017	\$919.00
5/15/2017	\$919.00
6/15/2017	\$919.00
7/15/2017	\$919.00
8/15/2017	\$919.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,514.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-22985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23035	LIBERTY MUTUAL FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$139,402.38
4/15/2017	\$139,402.38
5/15/2017	\$139,402.38
6/15/2017	\$139,402.38
7/15/2017	\$139,402.38
8/15/2017	\$139,402.38
TOTAL INSTALLMENTS PAID IN 2017:	
	\$836,414.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23035-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23035-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 20,462 vehicles covered during 7/1/2016 to 12/31/2016		\$10,231.00
Auto Theft Authority Assessment for 19,382 vehicles covered during 1/1/2017 to 6/30/2017		\$9,691.00

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ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	23043	LIBERTY MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$61,750.27
4/15/2017	\$61,750.27
5/15/2017	\$61,750.27
6/15/2017	\$61,750.27
7/15/2017	\$61,750.27
8/15/2017	\$61,750.27
TOTAL INSTALLMENTS PAID IN 2017:	
	\$370,501.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 33 vehicles covered during 7/1/2016 to 12/31/2016		\$16.50
Auto Theft Authority Assessment for 23 vehicles covered during 1/1/2017 to 6/30/2017		\$11.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23051	NEW MEXICO FOUNDATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23051-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	23086	LMI INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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NAIC / Name	23108	LUMBERMEN'S UNDERWRITING ALLIANCE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	23132	R.V.I. AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	23248	OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,877.13
4/15/2017	\$13,877.13
5/15/2017	\$13,877.13
6/15/2017	\$13,877.13
7/15/2017	\$13,877.13
8/15/2017	\$13,877.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$83,262.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23248-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23248-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 262 vehicles covered during 7/1/2016 to 12/31/2016		\$131.00
Auto Theft Authority Assessment for 250 vehicles covered during 1/1/2017 to 6/30/2017		\$125.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23256	UNITED SOUTHERN ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23264	INLAND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	23280	CINCINNATI INDEMNITY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$31,864.48
4/15/2017	\$31,864.48
5/15/2017	\$31,864.48
6/15/2017	\$31,864.48
7/15/2017	\$31,864.48
8/15/2017	\$31,864.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$191,186.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-23280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23337	AMERICAN EUROPEAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23353	MERIDIAN SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23353-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23396	AMERISURE MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,783.69	
4/15/2017	\$3,783.69	
5/15/2017	\$3,783.69	
6/15/2017	\$3,783.69	
7/15/2017	\$3,783.69	
8/15/2017	\$3,783.69	
TOTAL INSTALLMENTS PAID IN 2017:		\$22,702.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 497 vehicles covered during 7/1/2016 to 12/31/2016		\$248.50
Auto Theft Authority Assessment for 684 vehicles covered during 1/1/2017 to 6/30/2017		\$342.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	23418	MID-CONTINENT CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$387.19	
4/15/2017	\$387.19	
5/15/2017	\$387.19	
6/15/2017	\$387.19	
7/15/2017	\$387.19	
8/15/2017	\$387.19	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,323.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23418-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2016 to 12/31/2016		\$4.00
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2017 to 6/30/2017		\$1.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	23434	MIDDLESEX INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$414.22	
4/15/2017	\$414.22	
5/15/2017	\$414.22	
6/15/2017	\$414.22	
7/15/2017	\$414.22	
8/15/2017	\$414.22	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,485.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 21 vehicles covered during 7/1/2016 to 12/31/2016		\$10.50
Auto Theft Authority Assessment for 432 vehicles covered during 1/1/2017 to 6/30/2017		\$216.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23442	PATRIOT GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2017 to 6/30/2017		\$1.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23450	AMERICAN FAMILY HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,396.22
4/15/2017	\$6,396.22
5/15/2017	\$6,396.22
6/15/2017	\$6,396.22
7/15/2017	\$6,396.22
8/15/2017	\$6,396.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$38,377.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 184 vehicles covered during 7/1/2016 to 12/31/2016		\$92.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	23469	AMERICAN MODERN HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$33,148.95
4/15/2017	\$33,148.95
5/15/2017	\$33,148.95
6/15/2017	\$33,148.95
7/15/2017	\$33,148.95
8/15/2017	\$33,148.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$198,893.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23469-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23469-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,771 vehicles covered during 7/1/2016 to 12/31/2016		\$2,885.50
Auto Theft Authority Assessment for 6,016 vehicles covered during 1/1/2017 to 6/30/2017		\$3,008.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23540	MONTEREY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23574	MIDWEST FAMILY MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$31,046.00
4/15/2017	\$31,046.00
5/15/2017	\$31,046.00
6/15/2017	\$31,046.00
7/15/2017	\$31,046.00
8/15/2017	\$31,046.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$186,276.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23574-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23582	HARLEYSVILLE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,453.36
4/15/2017	\$1,453.36
5/15/2017	\$1,453.36
6/15/2017	\$1,453.36
7/15/2017	\$1,453.36
8/15/2017	\$1,453.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,720.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23582-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23612	MIDWEST EMPLOYERS CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,557.72
4/15/2017	\$4,557.72
5/15/2017	\$4,557.72
6/15/2017	\$4,557.72
7/15/2017	\$4,557.72
8/15/2017	\$4,557.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$27,346.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23612-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23612-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23647	IRONSHORE INDEMNITY INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 752 vehicles covered during 1/1/2017 to 6/30/2017		\$376.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23663	NATIONAL AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5 vehicles covered during 7/1/2016 to 12/31/2016		\$2.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2017 to 6/30/2017		\$0.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23671	NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23671-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23680	ODYSSEY REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	23728	NATIONAL GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$64,148.81
4/15/2017	\$64,148.81
5/15/2017	\$64,148.81
6/15/2017	\$64,148.81
7/15/2017	\$64,148.81
8/15/2017	\$64,148.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$384,892.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23728-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 76,033 vehicles covered during 7/1/2016 to 12/31/2016		\$38,016.50
Auto Theft Authority Assessment for 83,585 vehicles covered during 1/1/2017 to 6/30/2017		\$41,792.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23736	DIRECT NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23736-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23752	GREYHAWK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23752-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23760	NATIONWIDE GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23760-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23779	NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,738.92
4/15/2017	\$4,738.92
5/15/2017	\$4,738.92
6/15/2017	\$4,738.92
7/15/2017	\$4,738.92
8/15/2017	\$4,738.92
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,433.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-23779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23787	NATIONWIDE MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$88,417.36	
4/15/2017	\$88,417.36	
5/15/2017	\$88,417.36	
6/15/2017	\$88,417.36	
7/15/2017	\$88,417.36	
8/15/2017	\$88,417.36	
TOTAL INSTALLMENTS PAID IN 2017:		\$530,504.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23787-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23787-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 15,659 vehicles covered during 7/1/2016 to 12/31/2016		\$7,829.50
Auto Theft Authority Assessment for 15,764 vehicles covered during 1/1/2017 to 6/30/2017		\$7,882.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	23809	GRANITE STATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,768.84
4/15/2017	\$9,768.84
5/15/2017	\$9,768.84
6/15/2017	\$9,768.84
7/15/2017	\$9,768.84
8/15/2017	\$9,768.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$58,613.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23809-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-23809-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 423 vehicles covered during 7/1/2016 to 12/31/2016		\$211.50
Auto Theft Authority Assessment for 149 vehicles covered during 1/1/2017 to 6/30/2017		\$74.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23817	ILLINOIS NATIONAL INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,031.71
4/15/2017	\$6,031.71
5/15/2017	\$6,031.71
6/15/2017	\$6,031.71
7/15/2017	\$6,031.71
8/15/2017	\$6,031.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$36,190.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23817-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 442 vehicles covered during 7/1/2016 to 12/31/2016		\$221.00
Auto Theft Authority Assessment for 57 vehicles covered during 1/1/2017 to 6/30/2017		\$28.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	23825	NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23825-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23841	NEW HAMPSHIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$33,473.76	
4/15/2017	\$33,473.76	
5/15/2017	\$33,473.76	
6/15/2017	\$33,473.76	
7/15/2017	\$33,473.76	
8/15/2017	\$33,473.76	
TOTAL INSTALLMENTS PAID IN 2017:		\$200,842.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-23841-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-23841-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 251 vehicles covered during 7/1/2016 to 12/31/2016		\$125.50
Auto Theft Authority Assessment for 544 vehicles covered during 1/1/2017 to 6/30/2017		\$272.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	23876	MAPFRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$41,330.85	
4/15/2017	\$41,330.85	
5/15/2017	\$41,330.85	
6/15/2017	\$41,330.85	
7/15/2017	\$41,330.85	
8/15/2017	\$41,330.85	
TOTAL INSTALLMENTS PAID IN 2017:		\$247,985.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-23876-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-23876-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 11,082 vehicles covered during 7/1/2016 to 12/31/2016		\$5,541.00
Auto Theft Authority Assessment for 10,441 vehicles covered during 1/1/2017 to 6/30/2017		\$5,220.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	23914	NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE, WI
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24015	NORTHLAND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,170.56
4/15/2017	\$29,170.56
5/15/2017	\$29,170.56
6/15/2017	\$29,170.56
7/15/2017	\$29,170.56
8/15/2017	\$29,170.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$175,023.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24015-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2016 to 12/31/2016		\$15.00
Auto Theft Authority Assessment for 34 vehicles covered during 1/1/2017 to 6/30/2017		\$17.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24031	NORTHLAND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24031-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24047	SURETY BONDING COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$423.65
4/15/2017	\$423.65
5/15/2017	\$423.65
6/15/2017	\$423.65
7/15/2017	\$423.65
8/15/2017	\$423.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,541.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24066	AMERICAN FIRE AND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,772.90
4/15/2017	\$5,772.90
5/15/2017	\$5,772.90
6/15/2017	\$5,772.90
7/15/2017	\$5,772.90
8/15/2017	\$5,772.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,637.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24066-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 520 vehicles covered during 7/1/2016 to 12/31/2016		\$260.00
Auto Theft Authority Assessment for 535 vehicles covered during 1/1/2017 to 6/30/2017		\$267.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	24074	OHIO CASUALTY INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$21,271.62	
4/15/2017	\$21,271.62	
5/15/2017	\$21,271.62	
6/15/2017	\$21,271.62	
7/15/2017	\$21,271.62	
8/15/2017	\$21,271.62	
TOTAL INSTALLMENTS PAID IN 2017:		\$127,629.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24074-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24074-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 104 vehicles covered during 7/1/2016 to 12/31/2016		\$52.00
Auto Theft Authority Assessment for 207 vehicles covered during 1/1/2017 to 6/30/2017		\$103.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24082	OHIO SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$26,654.66
4/15/2017	\$26,654.66
5/15/2017	\$26,654.66
6/15/2017	\$26,654.66
7/15/2017	\$26,654.66
8/15/2017	\$26,654.66
TOTAL INSTALLMENTS PAID IN 2017:	
	\$159,927.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 7,933 vehicles covered during 7/1/2016 to 12/31/2016		\$3,966.50
Auto Theft Authority Assessment for 9,723 vehicles covered during 1/1/2017 to 6/30/2017		\$4,861.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24104	OHIO FARMERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 203 vehicles covered during 7/1/2016 to 12/31/2016		\$101.50
Auto Theft Authority Assessment for 154 vehicles covered during 1/1/2017 to 6/30/2017		\$77.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24112	WESTFIELD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$26,640.81
4/15/2017	\$26,640.81
5/15/2017	\$26,640.81
6/15/2017	\$26,640.81
7/15/2017	\$26,640.81
8/15/2017	\$26,640.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$159,844.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24112-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24112-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 7,092 vehicles covered during 7/1/2016 to 12/31/2016		\$3,546.00
Auto Theft Authority Assessment for 5,542 vehicles covered during 1/1/2017 to 6/30/2017		\$2,771.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24120	WESTFIELD NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,985.90
4/15/2017	\$5,985.90
5/15/2017	\$5,985.90
6/15/2017	\$5,985.90
7/15/2017	\$5,985.90
8/15/2017	\$5,985.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$35,915.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 808 vehicles covered during 7/1/2016 to 12/31/2016		\$404.00
Auto Theft Authority Assessment for 730 vehicles covered during 1/1/2017 to 6/30/2017		\$365.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24139	OLD REPUBLIC GENERAL INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,083.83
4/15/2017	\$3,083.83
5/15/2017	\$3,083.83
6/15/2017	\$3,083.83
7/15/2017	\$3,083.83
8/15/2017	\$3,083.83
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,502.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24139-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24139-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 195 vehicles covered during 7/1/2016 to 12/31/2016		\$97.50
Auto Theft Authority Assessment for 315 vehicles covered during 1/1/2017 to 6/30/2017		\$157.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	24147	OLD REPUBLIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$57,939.69
4/15/2017	\$57,939.69
5/15/2017	\$57,939.69
6/15/2017	\$57,939.69
7/15/2017	\$57,939.69
8/15/2017	\$57,939.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$347,638.14

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$53.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24147-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24147-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 15,776 vehicles covered during 7/1/2016 to 12/31/2016		\$7,888.00
Auto Theft Authority Assessment for 12,720 vehicles covered during 1/1/2017 to 6/30/2017		\$6,360.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24171	NETHERLANDS INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24171-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24198	PEERLESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$573.05
4/15/2017	\$573.05
5/15/2017	\$573.05
6/15/2017	\$573.05
7/15/2017	\$573.05
8/15/2017	\$573.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,438.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24198-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24198-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 5 vehicles covered during 7/1/2016 to 12/31/2016		\$2.50
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2017 to 6/30/2017		\$1.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24201	FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24201-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 38,838 vehicles covered during 7/1/2016 to 12/31/2016		\$19,419.00
Auto Theft Authority Assessment for 39,339 vehicles covered during 1/1/2017 to 6/30/2017		\$19,669.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24228	PEKIN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$144,042.82
4/15/2017	\$144,042.82
5/15/2017	\$144,042.82
6/15/2017	\$144,042.82
7/15/2017	\$144,042.82
8/15/2017	\$144,042.82
TOTAL INSTALLMENTS PAID IN 2017:	
	\$864,256.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24228-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,402 vehicles covered during 7/1/2016 to 12/31/2016		\$2,701.00
Auto Theft Authority Assessment for 5,863 vehicles covered during 1/1/2017 to 6/30/2017		\$2,931.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24260	PROGRESSIVE CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$47,139.45	
4/15/2017	\$47,139.45	
5/15/2017	\$47,139.45	
6/15/2017	\$47,139.45	
7/15/2017	\$47,139.45	
8/15/2017	\$47,139.45	
TOTAL INSTALLMENTS PAID IN 2017:		\$282,836.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24260-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 24,040 vehicles covered during 7/1/2016 to 12/31/2016		\$12,020.00
Auto Theft Authority Assessment for 24,143 vehicles covered during 1/1/2017 to 6/30/2017		\$12,071.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24279	PROGRESSIVE MAX INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24295	PROVIDENCE WASHINGTON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24295-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24350	TRIAD GUARANTY INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,747.88
4/15/2017	\$2,747.88
5/15/2017	\$2,747.88
6/15/2017	\$2,747.88
7/15/2017	\$2,747.88
8/15/2017	\$2,747.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,487.28

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24376	SPINNAKER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,053.00
4/15/2017	\$2,053.00
5/15/2017	\$2,053.00
6/15/2017	\$2,053.00
7/15/2017	\$2,053.00
8/15/2017	\$2,053.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,318.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24376-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24414	GENERAL CASUALTY COMPANY OF WISCONSIN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$10,813.44	
4/15/2017	\$10,813.44	
5/15/2017	\$10,813.44	
6/15/2017	\$10,813.44	
7/15/2017	\$10,813.44	
8/15/2017	\$10,813.44	
TOTAL INSTALLMENTS PAID IN 2017:		\$64,880.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24414-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,114 vehicles covered during 7/1/2016 to 12/31/2016		\$1,057.00
Auto Theft Authority Assessment for 2,922 vehicles covered during 1/1/2017 to 6/30/2017		\$1,461.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	24422	LEGION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24449	REGENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,700.50
4/15/2017	\$2,700.50
5/15/2017	\$2,700.50
6/15/2017	\$2,700.50
7/15/2017	\$2,700.50
8/15/2017	\$2,700.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,203.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24449-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24449-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 177 vehicles covered during 7/1/2016 to 12/31/2016		\$88.50
Auto Theft Authority Assessment for 263 vehicles covered during 1/1/2017 to 6/30/2017		\$131.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24457	RELIANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24465	WESTERN NATIONAL ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24465-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24465-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24503	CATLIN INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,815.56
4/15/2017	\$4,815.56
5/15/2017	\$4,815.56
6/15/2017	\$4,815.56
7/15/2017	\$4,815.56
8/15/2017	\$4,815.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,893.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24503-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24503-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 124 vehicles covered during 7/1/2016 to 12/31/2016		\$62.00
Auto Theft Authority Assessment for 111 vehicles covered during 1/1/2017 to 6/30/2017		\$55.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24538	REPUBLIC UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2016 to 12/31/2016		\$3.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24554	XL INSURANCE AMERICA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$27,839.37
4/15/2017	\$27,839.37
5/15/2017	\$27,839.37
6/15/2017	\$27,839.37
7/15/2017	\$27,839.37
8/15/2017	\$27,839.37
TOTAL INSTALLMENTS PAID IN 2017:	
	\$167,036.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24554-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 778 vehicles covered during 7/1/2016 to 12/31/2016		\$389.00
Auto Theft Authority Assessment for 791 vehicles covered during 1/1/2017 to 6/30/2017		\$395.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24678	ARROWOOD INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24678-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24678-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24724	FIRST NATIONAL INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,021.17
4/15/2017	\$1,021.17
5/15/2017	\$1,021.17
6/15/2017	\$1,021.17
7/15/2017	\$1,021.17
8/15/2017	\$1,021.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,127.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 55 vehicles covered during 7/1/2016 to 12/31/2016		\$27.50
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2017 to 6/30/2017		\$30.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	24732	GENERAL INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,259.80
4/15/2017	\$2,259.80
5/15/2017	\$2,259.80
6/15/2017	\$2,259.80
7/15/2017	\$2,259.80
8/15/2017	\$2,259.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,558.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24732-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24732-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 208 vehicles covered during 7/1/2016 to 12/31/2016		\$104.00
Auto Theft Authority Assessment for 136 vehicles covered during 1/1/2017 to 6/30/2017		\$68.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24740	SAFECO INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$551,984.00	
4/15/2017	\$551,984.00	
5/15/2017	\$551,984.00	
6/15/2017	\$551,984.00	
7/15/2017	\$551,984.00	
8/15/2017	\$551,984.00	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,311,904.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24740-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 134,130 vehicles covered during 7/1/2016 to 12/31/2016		\$67,065.00
Auto Theft Authority Assessment for 140,990 vehicles covered during 1/1/2017 to 6/30/2017		\$70,495.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24759	SAFECO NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24759-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24767	ST. PAUL FIRE AND MARINE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,074.36
4/15/2017	\$1,074.36
5/15/2017	\$1,074.36
6/15/2017	\$1,074.36
7/15/2017	\$1,074.36
8/15/2017	\$1,074.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,446.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24767-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24767-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 392 vehicles covered during 7/1/2016 to 12/31/2016		\$196.00
Auto Theft Authority Assessment for 101 vehicles covered during 1/1/2017 to 6/30/2017		\$50.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24775	ST. PAUL GUARDIAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24775-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24791	ST. PAUL MERCURY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$685.60
4/15/2017	\$685.60
5/15/2017	\$685.60
6/15/2017	\$685.60
7/15/2017	\$685.60
8/15/2017	\$685.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,113.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24791-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-24791-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 18 vehicles covered during 7/1/2016 to 12/31/2016		\$9.00
Auto Theft Authority Assessment for 67 vehicles covered during 1/1/2017 to 6/30/2017		\$33.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24813	BALBOA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24813-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24813-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2016 to 12/31/2016		\$8.50
Auto Theft Authority Assessment for 11 vehicles covered during 1/1/2017 to 6/30/2017		\$5.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24821	MERITPLAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24821-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24821-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24848	NEWPORT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2016 to 12/31/2016	\$8.50
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2017 to 6/30/2017	\$5.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24899	ALEA NORTH AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24899-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24945	CONSOLIDATED AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	24953	SOUTH CAROLINA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	24961	EVERSPAN FINANCIAL GUARANTEE CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-24961-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	24988	SENTRY INSURANCE A MUTUAL COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$86,093.76	
4/15/2017	\$86,093.76	
5/15/2017	\$86,093.76	
6/15/2017	\$86,093.76	
7/15/2017	\$86,093.76	
8/15/2017	\$86,093.76	
TOTAL INSTALLMENTS PAID IN 2017:		\$516,562.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$95.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-24988-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-24988-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 42,899 vehicles covered during 7/1/2016 to 12/31/2016		\$21,449.50
Auto Theft Authority Assessment for 46,761 vehicles covered during 1/1/2017 to 6/30/2017		\$23,380.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	25011	WESCO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,992.36
4/15/2017	\$35,992.36
5/15/2017	\$35,992.36
6/15/2017	\$35,992.36
7/15/2017	\$35,992.36
8/15/2017	\$35,992.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$215,954.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$156.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25011-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25011-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2,665 vehicles covered during 7/1/2016 to 12/31/2016		\$1,332.50
Auto Theft Authority Assessment for 2,891 vehicles covered during 1/1/2017 to 6/30/2017		\$1,445.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25054	HUDSON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,612.21
4/15/2017	\$9,612.21
5/15/2017	\$9,612.21
6/15/2017	\$9,612.21
7/15/2017	\$9,612.21
8/15/2017	\$9,612.21
TOTAL INSTALLMENTS PAID IN 2017:	
	\$57,673.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 23 vehicles covered during 7/1/2016 to 12/31/2016		\$11.50
Auto Theft Authority Assessment for 27 vehicles covered during 1/1/2017 to 6/30/2017		\$13.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25089	COAST NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$113,388.84
4/15/2017	\$113,388.84
5/15/2017	\$113,388.84
6/15/2017	\$113,388.84
7/15/2017	\$113,388.84
8/15/2017	\$113,388.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$680,333.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25089-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 44,851 vehicles covered during 7/1/2016 to 12/31/2016		\$22,425.50
Auto Theft Authority Assessment for 49,648 vehicles covered during 1/1/2017 to 6/30/2017		\$24,824.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25127	STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,946.24
4/15/2017	\$28,946.24
5/15/2017	\$28,946.24
6/15/2017	\$28,946.24
7/15/2017	\$28,946.24
8/15/2017	\$28,946.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$173,677.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25127-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,027 vehicles covered during 7/1/2016 to 12/31/2016		\$1,013.50
Auto Theft Authority Assessment for 1,631 vehicles covered during 1/1/2017 to 6/30/2017		\$815.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25135	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,340.97
4/15/2017	\$4,340.97
5/15/2017	\$4,340.97
6/15/2017	\$4,340.97
7/15/2017	\$4,340.97
8/15/2017	\$4,340.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$26,045.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 19 vehicles covered during 7/1/2016 to 12/31/2016		\$9.50
Auto Theft Authority Assessment for 14 vehicles covered during 1/1/2017 to 6/30/2017		\$7.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25143	STATE FARM FIRE AND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,373,018.67
4/15/2017	\$1,373,018.67
5/15/2017	\$1,373,018.67
6/15/2017	\$1,373,018.67
7/15/2017	\$1,373,018.67
8/15/2017	\$1,373,018.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,238,112.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25143-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25143-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 78,329 vehicles covered during 7/1/2016 to 12/31/2016		\$39,164.50
Auto Theft Authority Assessment for 72,175 vehicles covered during 1/1/2017 to 6/30/2017		\$36,087.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25151	STATE FARM GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25151-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25151-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25178	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,794,728.63
4/15/2017	\$1,794,728.63
5/15/2017	\$1,794,728.63
6/15/2017	\$1,794,728.63
7/15/2017	\$1,794,728.63
8/15/2017	\$1,794,728.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,768,371.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$22,071.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25178-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25178-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 847,198 vehicles covered during 7/1/2016 to 12/31/2016		\$423,599.00
Auto Theft Authority Assessment for 853,470 vehicles covered during 1/1/2017 to 6/30/2017		\$426,735.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25180	STILLWATER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$98,554.01
4/15/2017	\$98,554.01
5/15/2017	\$98,554.01
6/15/2017	\$98,554.01
7/15/2017	\$98,554.01
8/15/2017	\$98,554.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$591,324.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,238 vehicles covered during 7/1/2016 to 12/31/2016		\$2,119.00
Auto Theft Authority Assessment for 4,229 vehicles covered during 1/1/2017 to 6/30/2017		\$2,114.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25186	EMC PROPERTY & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 11 vehicles covered during 1/1/2017 to 6/30/2017		\$5.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25232	21ST CENTURY ADVANTAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$38,757.41
4/15/2017	\$38,757.41
5/15/2017	\$38,757.41
6/15/2017	\$38,757.41
7/15/2017	\$38,757.41
8/15/2017	\$38,757.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$232,544.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 15,918 vehicles covered during 7/1/2016 to 12/31/2016		\$7,959.00
Auto Theft Authority Assessment for 12,252 vehicles covered during 1/1/2017 to 6/30/2017		\$6,126.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25240	NAU COUNTRY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$730.56
4/15/2017	\$730.56
5/15/2017	\$730.56
6/15/2017	\$730.56
7/15/2017	\$730.56
8/15/2017	\$730.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,383.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25240-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25321	METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,694.48
4/15/2017	\$1,694.48
5/15/2017	\$1,694.48
6/15/2017	\$1,694.48
7/15/2017	\$1,694.48
8/15/2017	\$1,694.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,166.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25321-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 412 vehicles covered during 7/1/2016 to 12/31/2016		\$206.00
Auto Theft Authority Assessment for 373 vehicles covered during 1/1/2017 to 6/30/2017		\$186.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25364	SWISS REINSURANCE AMERICA CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25364-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25364-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25402	EMPLOYERS ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25402-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25405	SAFE AUTO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$42,465.04	
4/15/2017	\$42,465.04	
5/15/2017	\$42,465.04	
6/15/2017	\$42,465.04	
7/15/2017	\$42,465.04	
8/15/2017	\$42,465.04	
TOTAL INSTALLMENTS PAID IN 2017:		\$254,790.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25405-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 15,992 vehicles covered during 7/1/2016 to 12/31/2016		\$7,996.00
Auto Theft Authority Assessment for 16,866 vehicles covered during 1/1/2017 to 6/30/2017		\$8,433.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25410	UNIVERSAL SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25422	ATRADIUS TRADE CREDIT INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,081.61
4/15/2017	\$1,081.61
5/15/2017	\$1,081.61
6/15/2017	\$1,081.61
7/15/2017	\$1,081.61
8/15/2017	\$1,081.61
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,489.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25422-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25448	AMERICAN SAFETY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25453	NATIONWIDE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$70,270.60
4/15/2017	\$70,270.60
5/15/2017	\$70,270.60
6/15/2017	\$70,270.60
7/15/2017	\$70,270.60
8/15/2017	\$70,270.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$421,623.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10,684 vehicles covered during 7/1/2016 to 12/31/2016		\$5,342.00
Auto Theft Authority Assessment for 9,924 vehicles covered during 1/1/2017 to 6/30/2017		\$4,962.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25496	STARSTONE NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,728.60
4/15/2017	\$5,728.60
5/15/2017	\$5,728.60
6/15/2017	\$5,728.60
7/15/2017	\$5,728.60
8/15/2017	\$5,728.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,371.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25496-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25496-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25534	TIG INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25550	INDEMNITY COMPANY OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25585	WATFORD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25585-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25585-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25615	CHARTER OAK FIRE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$42,149.65	
4/15/2017	\$42,149.65	
5/15/2017	\$42,149.65	
6/15/2017	\$42,149.65	
7/15/2017	\$42,149.65	
8/15/2017	\$42,149.65	
TOTAL INSTALLMENTS PAID IN 2017:		\$252,897.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25615-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 463 vehicles covered during 7/1/2016 to 12/31/2016		\$231.50
Auto Theft Authority Assessment for 1,011 vehicles covered during 1/1/2017 to 6/30/2017		\$505.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25623	PHOENIX INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,448.79
4/15/2017	\$29,448.79
5/15/2017	\$29,448.79
6/15/2017	\$29,448.79
7/15/2017	\$29,448.79
8/15/2017	\$29,448.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$176,692.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25623-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 163 vehicles covered during 7/1/2016 to 12/31/2016		\$81.50
Auto Theft Authority Assessment for 667 vehicles covered during 1/1/2017 to 6/30/2017		\$333.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25658	TRAVELERS INDEMNITY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$90,307.32
4/15/2017	\$90,307.32
5/15/2017	\$90,307.32
6/15/2017	\$90,307.32
7/15/2017	\$90,307.32
8/15/2017	\$90,307.32
TOTAL INSTALLMENTS PAID IN 2017:	
	\$541,843.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25658-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25658-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2,596 vehicles covered during 7/1/2016 to 12/31/2016		\$1,298.00
Auto Theft Authority Assessment for 557 vehicles covered during 1/1/2017 to 6/30/2017		\$278.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25666	TRAVELERS INDEMNITY COMPANY OF AMERICA, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,459.41
4/15/2017	\$28,459.41
5/15/2017	\$28,459.41
6/15/2017	\$28,459.41
7/15/2017	\$28,459.41
8/15/2017	\$28,459.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$170,756.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25666-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2016 to 12/31/2016		\$12.00
Auto Theft Authority Assessment for 94 vehicles covered during 1/1/2017 to 6/30/2017		\$47.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25674	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$155,464.58
4/15/2017	\$155,464.58
5/15/2017	\$155,464.58
6/15/2017	\$155,464.58
7/15/2017	\$155,464.58
8/15/2017	\$155,464.58
TOTAL INSTALLMENTS PAID IN 2017:	
	\$932,787.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,955 vehicles covered during 7/1/2016 to 12/31/2016		\$2,977.50
Auto Theft Authority Assessment for 2,219 vehicles covered during 1/1/2017 to 6/30/2017		\$1,109.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	25682	TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$19,642.88
4/15/2017	\$19,642.88
5/15/2017	\$19,642.88
6/15/2017	\$19,642.88
7/15/2017	\$19,642.88
8/15/2017	\$19,642.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$117,857.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25682-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25682-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 41 vehicles covered during 7/1/2016 to 12/31/2016		\$20.50
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2017 to 6/30/2017		\$10.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25712	ESURANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,547.40
4/15/2017	\$4,547.40
5/15/2017	\$4,547.40
6/15/2017	\$4,547.40
7/15/2017	\$4,547.40
8/15/2017	\$4,547.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$27,284.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25712-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,663 vehicles covered during 7/1/2016 to 12/31/2016		\$831.50
Auto Theft Authority Assessment for 1,471 vehicles covered during 1/1/2017 to 6/30/2017		\$735.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25747	UNIGARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,154.37
4/15/2017	\$8,154.37
5/15/2017	\$8,154.37
6/15/2017	\$8,154.37
7/15/2017	\$8,154.37
8/15/2017	\$8,154.37
TOTAL INSTALLMENTS PAID IN 2017:	
	\$48,926.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25747-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25747-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,715 vehicles covered during 7/1/2016 to 12/31/2016		\$857.50
Auto Theft Authority Assessment for 1,258 vehicles covered during 1/1/2017 to 6/30/2017		\$629.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25755	PEACHTREE CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25755-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25780	WILLIAMSBURG NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,410.68
4/15/2017	\$1,410.68
5/15/2017	\$1,410.68
6/15/2017	\$1,410.68
7/15/2017	\$1,410.68
8/15/2017	\$1,410.68
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,464.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25798	UNIGARD INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25798-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25844	UNION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,988.95
4/15/2017	\$12,988.95
5/15/2017	\$12,988.95
6/15/2017	\$12,988.95
7/15/2017	\$12,988.95
8/15/2017	\$12,988.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$77,933.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25844-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,823 vehicles covered during 7/1/2016 to 12/31/2016		\$911.50
Auto Theft Authority Assessment for 1,923 vehicles covered during 1/1/2017 to 6/30/2017		\$961.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25879	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25887	UNITED STATES FIDELITY AND GUARANTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-25887-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-25887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	25895	UNITED STATES LIABILITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,997.37	
4/15/2017	\$3,997.37	
5/15/2017	\$3,997.37	
6/15/2017	\$3,997.37	
7/15/2017	\$3,997.37	
8/15/2017	\$3,997.37	
TOTAL INSTALLMENTS PAID IN 2017:		\$23,984.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25933	UNIVERSAL SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25933-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	25941	UNITED SERVICES AUTOMOBILE ASSOCIATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$511,416.79
4/15/2017	\$511,416.79
5/15/2017	\$511,416.79
6/15/2017	\$511,416.79
7/15/2017	\$511,416.79
8/15/2017	\$511,416.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,068,500.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25941-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 154,775 vehicles covered during 7/1/2016 to 12/31/2016		\$77,387.50
Auto Theft Authority Assessment for 154,812 vehicles covered during 1/1/2017 to 6/30/2017		\$77,406.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25968	USAA CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$514,094.63
4/15/2017	\$514,094.63
5/15/2017	\$514,094.63
6/15/2017	\$514,094.63
7/15/2017	\$514,094.63
8/15/2017	\$514,094.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,084,567.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 132,224 vehicles covered during 7/1/2016 to 12/31/2016		\$66,112.00
Auto Theft Authority Assessment for 134,544 vehicles covered during 1/1/2017 to 6/30/2017		\$67,272.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	25976	UTICA MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$397.45
4/15/2017	\$397.45
5/15/2017	\$397.45
6/15/2017	\$397.45
7/15/2017	\$397.45
8/15/2017	\$397.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,384.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-25976-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-25976-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 3 vehicles covered during 7/1/2016 to 12/31/2016		\$1.50
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2017 to 6/30/2017		\$3.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26042	WAUSAU UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26042-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26042-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26050	RESPONSE WORLDWIDE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26069	WAUSAU BUSINESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	26077	LANCER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,983.85
4/15/2017	\$12,983.85
5/15/2017	\$12,983.85
6/15/2017	\$12,983.85
7/15/2017	\$12,983.85
8/15/2017	\$12,983.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$77,903.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 804 vehicles covered during 7/1/2016 to 12/31/2016		\$402.00
Auto Theft Authority Assessment for 660 vehicles covered during 1/1/2017 to 6/30/2017		\$330.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26085	WARNER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26085-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26093	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$62,651.15
4/15/2017	\$62,651.15
5/15/2017	\$62,651.15
6/15/2017	\$62,651.15
7/15/2017	\$62,651.15
8/15/2017	\$62,651.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$375,906.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26093-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 9,668 vehicles covered during 7/1/2016 to 12/31/2016		\$4,834.00
Auto Theft Authority Assessment for 8,119 vehicles covered during 1/1/2017 to 6/30/2017		\$4,059.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26115	NATIONAL COLONIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26140	AMERICAN MILLENNIUM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	26220	YOSEMITE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$859.90
4/15/2017	\$859.90
5/15/2017	\$859.90
6/15/2017	\$859.90
7/15/2017	\$859.90
8/15/2017	\$859.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,159.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26247	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$31,695.56
4/15/2017	\$31,695.56
5/15/2017	\$31,695.56
6/15/2017	\$31,695.56
7/15/2017	\$31,695.56
8/15/2017	\$31,695.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$190,173.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26247-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 180 vehicles covered during 7/1/2016 to 12/31/2016		\$90.00
Auto Theft Authority Assessment for 346 vehicles covered during 1/1/2017 to 6/30/2017		\$173.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26257	MUTUAL RISK RETENTION GROUP, INC. (THE)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,526.62
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,526.62

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26275	AMERICAN NATIONAL LAWYERS INSURANCE RECIPROCAL (RRG)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26298	METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$58,653.82	
4/15/2017	\$58,653.82	
5/15/2017	\$58,653.82	
6/15/2017	\$58,653.82	
7/15/2017	\$58,653.82	
8/15/2017	\$58,653.82	
TOTAL INSTALLMENTS PAID IN 2017:		\$351,922.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26298-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 23 vehicles covered during 7/1/2016 to 12/31/2016		\$11.50
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2017 to 6/30/2017		\$13.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26301	SELECTIVE WAY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26310	GRANITE RE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26344	GREAT AMERICAN ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,186.40
4/15/2017	\$20,186.40
5/15/2017	\$20,186.40
6/15/2017	\$20,186.40
7/15/2017	\$20,186.40
8/15/2017	\$20,186.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$121,118.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26344-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 530 vehicles covered during 7/1/2016 to 12/31/2016		\$265.00
Auto Theft Authority Assessment for 390 vehicles covered during 1/1/2017 to 6/30/2017		\$195.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26379	ACCREDITED SURETY AND CASUALTY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,822.97
4/15/2017	\$1,822.97
5/15/2017	\$1,822.97
6/15/2017	\$1,822.97
7/15/2017	\$1,822.97
8/15/2017	\$1,822.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,937.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-26379-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-26379-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26395	WESTERN HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26433	HARCO NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,250.50
4/15/2017	\$4,250.50
5/15/2017	\$4,250.50
6/15/2017	\$4,250.50
7/15/2017	\$4,250.50
8/15/2017	\$4,250.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$25,503.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 121 vehicles covered during 1/1/2016 to 6/30/2016		\$60.50
Auto Theft Authority Assessment for 130 vehicles covered during 7/1/2016 to 12/31/2016		\$65.00
Auto Theft Authority Assessment for 212 vehicles covered during 1/1/2017 to 6/30/2017		\$106.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	26492	COURTESY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,452.47
4/15/2017	\$1,452.47
5/15/2017	\$1,452.47
6/15/2017	\$1,452.47
7/15/2017	\$1,452.47
8/15/2017	\$1,452.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,714.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	26549	REINSURANCE COMPANY OF AMERICA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26565	OHIO INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,579.23
4/15/2017	\$17,579.23
5/15/2017	\$17,579.23
6/15/2017	\$17,579.23
7/15/2017	\$17,579.23
8/15/2017	\$17,579.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$105,475.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26565-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26581	INDEPENDENCE AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,804.63
4/15/2017	\$5,804.63
5/15/2017	\$5,804.63
6/15/2017	\$5,804.63
7/15/2017	\$5,804.63
8/15/2017	\$5,804.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,827.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,706.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26611	HAMILTON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26654	GREAT NORTHWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26654-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26662	MILFORD CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,292.90
4/15/2017	\$5,292.90
5/15/2017	\$5,292.90
6/15/2017	\$5,292.90
7/15/2017	\$5,292.90
8/15/2017	\$5,292.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$31,757.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 300 vehicles covered during 7/1/2016 to 12/31/2016		\$150.00
Auto Theft Authority Assessment for 294 vehicles covered during 1/1/2017 to 6/30/2017		\$147.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26697	CASUALTY UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26700	INSURANCE COMPANY OF ILLINOIS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-26700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26794	PLANS' LIABILITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26794-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	26797	HOUSING AUTHORITY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$338.30
4/15/2017	\$338.30
5/15/2017	\$338.30
6/15/2017	\$338.30
7/15/2017	\$338.30
8/15/2017	\$338.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,029.80

Auto Theft Authority Assessment for 27 vehicles covered during 7/1/2016 to 12/31/2016	\$13.50
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26832	GREAT AMERICAN ALLIANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$7,150.38	
4/15/2017	\$7,150.38	
5/15/2017	\$7,150.38	
6/15/2017	\$7,150.38	
7/15/2017	\$7,150.38	
8/15/2017	\$7,150.38	
TOTAL INSTALLMENTS PAID IN 2017:		\$42,902.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 380 vehicles covered during 7/1/2016 to 12/31/2016		\$190.00
Auto Theft Authority Assessment for 90 vehicles covered during 1/1/2017 to 6/30/2017		\$45.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26891	IGF INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26905	CENTURY-NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$36,936.17
4/15/2017	\$36,936.17
5/15/2017	\$36,936.17
6/15/2017	\$36,936.17
7/15/2017	\$36,936.17
8/15/2017	\$36,936.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$221,617.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26905-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 570 vehicles covered during 7/1/2016 to 12/31/2016		\$285.00
Auto Theft Authority Assessment for 431 vehicles covered during 1/1/2017 to 6/30/2017		\$215.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	26921	EVEREST REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,037.51
4/15/2017	\$2,037.51
5/15/2017	\$2,037.51
6/15/2017	\$2,037.51
7/15/2017	\$2,037.51
8/15/2017	\$2,037.51
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,225.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$266.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-26921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-26921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	26999	UNITED GUARANTY MORTGAGE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-26999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27081	BOND SAFEGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$953.74
4/15/2017	\$953.74
5/15/2017	\$953.74
6/15/2017	\$953.74
7/15/2017	\$953.74
8/15/2017	\$953.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,722.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27081-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	27090	YOUNG AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,833.99
4/15/2017	\$35,833.99
5/15/2017	\$35,833.99
6/15/2017	\$35,833.99
7/15/2017	\$35,833.99
8/15/2017	\$35,833.99
TOTAL INSTALLMENTS PAID IN 2017:	
	\$215,003.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27090-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 20,156 vehicles covered during 7/1/2016 to 12/31/2016		\$10,078.00
Auto Theft Authority Assessment for 14,960 vehicles covered during 1/1/2017 to 6/30/2017		\$7,480.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	27120	TRUMBULL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$325,752.90
4/15/2017	\$325,752.90
5/15/2017	\$325,752.90
6/15/2017	\$325,752.90
7/15/2017	\$325,752.90
8/15/2017	\$325,752.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,954,517.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-27120-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-27120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 103,986 vehicles covered during 7/1/2016 to 12/31/2016		\$51,993.00
Auto Theft Authority Assessment for 100,504 vehicles covered during 1/1/2017 to 6/30/2017		\$50,252.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	27138	MIDVALE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$408.35
4/15/2017	\$408.35
5/15/2017	\$408.35
6/15/2017	\$408.35
7/15/2017	\$408.35
8/15/2017	\$408.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,450.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27138-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-27138-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	27154	ATLANTIC SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$46,059.25
4/15/2017	\$46,059.25
5/15/2017	\$46,059.25
6/15/2017	\$46,059.25
7/15/2017	\$46,059.25
8/15/2017	\$46,059.25
TOTAL INSTALLMENTS PAID IN 2017:	
	\$276,355.50

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$7,827.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-27154-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2,768 vehicles covered during 7/1/2016 to 12/31/2016		\$1,384.00
Auto Theft Authority Assessment for 461 vehicles covered during 1/1/2017 to 6/30/2017		\$230.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27251	PMI MORTGAGE INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,944.55
4/15/2017	\$9,944.55
5/15/2017	\$9,944.55
6/15/2017	\$9,944.55
7/15/2017	\$9,944.55
8/15/2017	\$9,944.55
TOTAL INSTALLMENTS PAID IN 2017:	
	\$59,667.30

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	27464	CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27464-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	27499	SOUTHWEST GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$701.02	
4/15/2017	\$701.02	
5/15/2017	\$701.02	
6/15/2017	\$701.02	
7/15/2017	\$701.02	
8/15/2017	\$701.02	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,206.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 76 vehicles covered during 7/1/2016 to 12/31/2016		\$38.00
Auto Theft Authority Assessment for 70 vehicles covered during 1/1/2017 to 6/30/2017		\$35.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	27502	WESTERN GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,498.63
4/15/2017	\$6,498.63
5/15/2017	\$6,498.63
6/15/2017	\$6,498.63
7/15/2017	\$6,498.63
8/15/2017	\$6,498.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$38,991.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27502-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,373 vehicles covered during 7/1/2016 to 12/31/2016		\$2,186.50
Auto Theft Authority Assessment for 5,776 vehicles covered during 1/1/2017 to 6/30/2017		\$2,888.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27626	FIRSTCOMP INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27740	NORTH POINTE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27740-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27804	PROGRESSIVE WEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27804-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27812	COLUMBIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27812-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-27812-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	27847	INSURANCE COMPANY OF THE WEST
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27847-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	27855	ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,345.28
4/15/2017	\$1,345.28
5/15/2017	\$1,345.28
6/15/2017	\$1,345.28
7/15/2017	\$1,345.28
8/15/2017	\$1,345.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,071.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27855-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-27855-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 87 vehicles covered during 7/1/2016 to 12/31/2016		\$43.50
Auto Theft Authority Assessment for 102 vehicles covered during 1/1/2017 to 6/30/2017		\$51.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	27871	WESTERN AGRICULTURAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$43,900.13	
4/15/2017	\$43,900.13	
5/15/2017	\$43,900.13	
6/15/2017	\$43,900.13	
7/15/2017	\$43,900.13	
8/15/2017	\$43,900.13	
TOTAL INSTALLMENTS PAID IN 2017:		\$263,400.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-27871-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-27871-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10,721 vehicles covered during 7/1/2016 to 12/31/2016		\$5,360.50
Auto Theft Authority Assessment for 11,248 vehicles covered during 1/1/2017 to 6/30/2017		\$5,624.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	27928	AMEX ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,610.59
4/15/2017	\$9,610.59
5/15/2017	\$9,610.59
6/15/2017	\$9,610.59
7/15/2017	\$9,610.59
8/15/2017	\$9,610.59
TOTAL INSTALLMENTS PAID IN 2017:	
	\$57,663.54

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,729.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-27928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	27944	NATIONAL INSURANCE ASSOCIATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	27998	TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$161,055.96
4/15/2017	\$161,055.96
5/15/2017	\$161,055.96
6/15/2017	\$161,055.96
7/15/2017	\$161,055.96
8/15/2017	\$161,055.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$966,335.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-27998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10,051 vehicles covered during 7/1/2016 to 12/31/2016		\$5,025.50
Auto Theft Authority Assessment for 8,778 vehicles covered during 1/1/2017 to 6/30/2017		\$4,389.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	28053	ROCKHILL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,072.86
4/15/2017	\$9,072.86
5/15/2017	\$9,072.86
6/15/2017	\$9,072.86
7/15/2017	\$9,072.86
8/15/2017	\$9,072.86
TOTAL INSTALLMENTS PAID IN 2017:	
	\$54,437.16

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	28188	TRAVCO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28188-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	28207	ANTHEM INSURANCE COMPANIES, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28207-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-28207-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28223	NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$36,556.86	
4/15/2017	\$36,556.86	
5/15/2017	\$36,556.86	
6/15/2017	\$36,556.86	
7/15/2017	\$36,556.86	
8/15/2017	\$36,556.86	
TOTAL INSTALLMENTS PAID IN 2017:		\$219,341.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,454 vehicles covered during 7/1/2016 to 12/31/2016		\$1,227.00
Auto Theft Authority Assessment for 2,228 vehicles covered during 1/1/2017 to 6/30/2017		\$1,114.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28258	CONTINENTAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	28304	FEDERATED SERVICE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,711.36
4/15/2017	\$9,711.36
5/15/2017	\$9,711.36
6/15/2017	\$9,711.36
7/15/2017	\$9,711.36
8/15/2017	\$9,711.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$58,268.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28304-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-28304-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,875 vehicles covered during 7/1/2016 to 12/31/2016		\$937.50
Auto Theft Authority Assessment for 1,630 vehicles covered during 1/1/2017 to 6/30/2017		\$815.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28339	GATEWAY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,629.57
4/15/2017	\$5,629.57
5/15/2017	\$5,629.57
6/15/2017	\$5,629.57
7/15/2017	\$5,629.57
8/15/2017	\$5,629.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,777.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 548 vehicles covered during 7/1/2016 to 12/31/2016		\$274.00
Auto Theft Authority Assessment for 698 vehicles covered during 1/1/2017 to 6/30/2017		\$349.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28401	AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$66,760.22
4/15/2017	\$66,760.22
5/15/2017	\$66,760.22
6/15/2017	\$66,760.22
7/15/2017	\$66,760.22
8/15/2017	\$66,760.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$400,561.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-28401-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-28401-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 16,703 vehicles covered during 7/1/2016 to 12/31/2016		\$8,351.50
Auto Theft Authority Assessment for 16,463 vehicles covered during 1/1/2017 to 6/30/2017		\$8,231.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28452	REPUBLIC MORTGAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,978.91
4/15/2017	\$7,978.91
5/15/2017	\$7,978.91
6/15/2017	\$7,978.91
7/15/2017	\$7,978.91
8/15/2017	\$7,978.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$47,873.46

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28460	SENTRY CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-28460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-28460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	28497	USPLATE GLASS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28497-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28519	FIRST SEALORD SURETY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28649	EASTERN ATLANTIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,572.65
4/15/2017	\$2,572.65
5/15/2017	\$2,572.65
6/15/2017	\$2,572.65
7/15/2017	\$2,572.65
8/15/2017	\$2,572.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,435.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	28665	CINCINNATI CASUALTY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,330.73
4/15/2017	\$13,330.73
5/15/2017	\$13,330.73
6/15/2017	\$13,330.73
7/15/2017	\$13,330.73
8/15/2017	\$13,330.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$79,984.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-28665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	28711	PARK AVENUE PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	28746	EQUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28746-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	28860	CLEAR BLUE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,460.15
4/15/2017	\$2,460.15
5/15/2017	\$2,460.15
6/15/2017	\$2,460.15
7/15/2017	\$2,460.15
8/15/2017	\$2,460.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,760.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28860-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3,670 vehicles covered during 1/1/2017 to 6/30/2017		\$1,835.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	28886	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,957.80	
4/15/2017	\$1,957.80	
5/15/2017	\$1,957.80	
6/15/2017	\$1,957.80	
7/15/2017	\$1,957.80	
8/15/2017	\$1,957.80	
TOTAL INSTALLMENTS PAID IN 2017:		\$11,746.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 118 vehicles covered during 7/1/2016 to 12/31/2016		\$59.00
Auto Theft Authority Assessment for 140 vehicles covered during 1/1/2017 to 6/30/2017		\$70.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	28932	MARKEL AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$16,826.43
4/15/2017	\$16,826.43
5/15/2017	\$16,826.43
6/15/2017	\$16,826.43
7/15/2017	\$16,826.43
8/15/2017	\$16,826.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$100,958.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-28932-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,501 vehicles covered during 7/1/2016 to 12/31/2016		\$1,250.50
Auto Theft Authority Assessment for 1,496 vehicles covered during 1/1/2017 to 6/30/2017		\$748.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29017	PROFESSIONALS ADVOCATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29033	ATAIN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29033-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29068	IDS PROPERTY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$126,369.59
4/15/2017	\$126,369.59
5/15/2017	\$126,369.59
6/15/2017	\$126,369.59
7/15/2017	\$126,369.59
8/15/2017	\$126,369.59
TOTAL INSTALLMENTS PAID IN 2017:	
	\$758,217.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29068-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 33,955 vehicles covered during 7/1/2016 to 12/31/2016		\$16,977.50
Auto Theft Authority Assessment for 34,005 vehicles covered during 1/1/2017 to 6/30/2017		\$17,002.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29114	ARCH MORTGAGE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29114-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29157	UNITED WISCONSIN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	29424	HARTFORD CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$42,565.69
4/15/2017	\$42,565.69
5/15/2017	\$42,565.69
6/15/2017	\$42,565.69
7/15/2017	\$42,565.69
8/15/2017	\$42,565.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$255,394.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,453 vehicles covered during 7/1/2016 to 12/31/2016		\$1,226.50
Auto Theft Authority Assessment for 2,114 vehicles covered during 1/1/2017 to 6/30/2017		\$1,057.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29440	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2016 to 12/31/2016		\$24.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	29459	TWIN CITY FIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$79,077.90
4/15/2017	\$79,077.90
5/15/2017	\$79,077.90
6/15/2017	\$79,077.90
7/15/2017	\$79,077.90
8/15/2017	\$79,077.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$474,467.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-29459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 17,629 vehicles covered during 7/1/2016 to 12/31/2016		\$8,814.50
Auto Theft Authority Assessment for 14,000 vehicles covered during 1/1/2017 to 6/30/2017		\$7,000.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29513	BAR PLAN MUTUAL INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29530	AXA ART INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	29580	BERKLEY REGIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,334.79
4/15/2017	\$5,334.79
5/15/2017	\$5,334.79
6/15/2017	\$5,334.79
7/15/2017	\$5,334.79
8/15/2017	\$5,334.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$32,008.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 166 vehicles covered during 7/1/2016 to 12/31/2016		\$83.00
Auto Theft Authority Assessment for 163 vehicles covered during 1/1/2017 to 6/30/2017		\$81.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	29599	U.S. SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,674.43
4/15/2017	\$12,674.43
5/15/2017	\$12,674.43
6/15/2017	\$12,674.43
7/15/2017	\$12,674.43
8/15/2017	\$12,674.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$76,046.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29599-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29599-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

NAIC / Name	29688	ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$923,075.27
4/15/2017	\$923,075.27
5/15/2017	\$923,075.27
6/15/2017	\$923,075.27
7/15/2017	\$923,075.27
8/15/2017	\$923,075.27
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,538,451.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-29688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 266,767 vehicles covered during 7/1/2016 to 12/31/2016		\$133,383.50
Auto Theft Authority Assessment for 267,300 vehicles covered during 1/1/2017 to 6/30/2017		\$133,650.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29700	NORTH AMERICAN ELITE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,990.71
4/15/2017	\$24,990.71
5/15/2017	\$24,990.71
6/15/2017	\$24,990.71
7/15/2017	\$24,990.71
8/15/2017	\$24,990.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$149,944.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29742	INTEGON NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$19,857.86
4/15/2017	\$19,857.86
5/15/2017	\$19,857.86
6/15/2017	\$19,857.86
7/15/2017	\$19,857.86
8/15/2017	\$19,857.86
TOTAL INSTALLMENTS PAID IN 2017:	
	\$119,147.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 973 vehicles covered during 7/1/2016 to 12/31/2016		\$486.50
Auto Theft Authority Assessment for 655 vehicles covered during 1/1/2017 to 6/30/2017		\$327.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	29793	PACIFIC STAR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29793-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2016 to 12/31/2016		\$30.00
Auto Theft Authority Assessment for 47 vehicles covered during 1/1/2017 to 6/30/2017		\$23.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	29858	MORTGAGE GUARANTY INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$68,619.95
4/15/2017	\$68,619.95
5/15/2017	\$68,619.95
6/15/2017	\$68,619.95
7/15/2017	\$68,619.95
8/15/2017	\$68,619.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$411,719.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29858-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29874	NORTH AMERICAN SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,271.87
4/15/2017	\$6,271.87
5/15/2017	\$6,271.87
6/15/2017	\$6,271.87
7/15/2017	\$6,271.87
8/15/2017	\$6,271.87
TOTAL INSTALLMENTS PAID IN 2017:	
	\$37,631.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-29874-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-29874-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3 vehicles covered during 7/1/2016 to 12/31/2016		\$1.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	29890	HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	29980	FIRST COLONIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,510.67
4/15/2017	\$1,510.67
5/15/2017	\$1,510.67
6/15/2017	\$1,510.67
7/15/2017	\$1,510.67
8/15/2017	\$1,510.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,064.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29980-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	29998	UPPER HUDSON NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-29998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	30058	SCOR REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30058-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30104	HARTFORD UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$50,151.97	
4/15/2017	\$50,151.97	
5/15/2017	\$50,151.97	
6/15/2017	\$50,151.97	
7/15/2017	\$50,151.97	
8/15/2017	\$50,151.97	
TOTAL INSTALLMENTS PAID IN 2017:		\$300,911.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-30104-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-30104-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 14,316 vehicles covered during 7/1/2016 to 12/31/2016		\$7,158.00
Auto Theft Authority Assessment for 14,008 vehicles covered during 1/1/2017 to 6/30/2017		\$7,004.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30120	ZNAT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30120-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	30180	ASSURED GUARANTY CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	30210	ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$112,411.14
4/15/2017	\$112,411.14
5/15/2017	\$112,411.14
6/15/2017	\$112,411.14
7/15/2017	\$112,411.14
8/15/2017	\$112,411.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$674,466.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30210-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 31,670 vehicles covered during 7/1/2016 to 12/31/2016		\$15,835.00
Auto Theft Authority Assessment for 34,049 vehicles covered during 1/1/2017 to 6/30/2017		\$17,024.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30279	BOSTON INDEMNITY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30279-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	30325	ZALE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30503	SHELBY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	30570	SUPERIOR PACIFIC CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30830	ARCH INDEMNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30830-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30872	RADIAN MORTGAGE ASSURANCE INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30872-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	30945	PLAZA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$6,910.76	
4/15/2017	\$6,910.76	
5/15/2017	\$6,910.76	
6/15/2017	\$6,910.76	
7/15/2017	\$6,910.76	
8/15/2017	\$6,910.76	
TOTAL INSTALLMENTS PAID IN 2017:		\$41,464.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-30945-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 123 vehicles covered during 7/1/2016 to 12/31/2016		\$61.50
Auto Theft Authority Assessment for 680 vehicles covered during 1/1/2017 to 6/30/2017		\$340.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	31003	TRI-STATE INSURANCE COMPANY OF MINNESOTA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,102.06
4/15/2017	\$1,102.06
5/15/2017	\$1,102.06
6/15/2017	\$1,102.06
7/15/2017	\$1,102.06
8/15/2017	\$1,102.06
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,612.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-31003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	31089	REPWEST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,660.13	
4/15/2017	\$4,660.13	
5/15/2017	\$4,660.13	
6/15/2017	\$4,660.13	
7/15/2017	\$4,660.13	
8/15/2017	\$4,660.13	
TOTAL INSTALLMENTS PAID IN 2017:		\$27,960.78

Auto Theft Authority Assessment for 196 vehicles covered during 7/1/2016 to 12/31/2016	\$98.00
Auto Theft Authority Assessment for 217 vehicles covered during 1/1/2017 to 6/30/2017	\$108.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	31119	MEDICO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,843.93
4/15/2017	\$7,843.93
5/15/2017	\$7,843.93
6/15/2017	\$7,843.93
7/15/2017	\$7,843.93
8/15/2017	\$7,843.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$47,063.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,434.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-31119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31135	GREAT AMERICAN SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31135-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31194	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$85,368.73
4/15/2017	\$85,368.73
5/15/2017	\$85,368.73
6/15/2017	\$85,368.73
7/15/2017	\$85,368.73
8/15/2017	\$85,368.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$512,212.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31194-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-31194-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31208	OAKWOOD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31208-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-31208-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31232	WORK FIRST CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	31275	REPUBLIC MORTGAGE GUARANTY INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31325	ACADIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$25,167.58
4/15/2017	\$25,167.58
5/15/2017	\$25,167.58
6/15/2017	\$25,167.58
7/15/2017	\$25,167.58
8/15/2017	\$25,167.58
TOTAL INSTALLMENTS PAID IN 2017:	
	\$151,005.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,229 vehicles covered during 7/1/2016 to 12/31/2016		\$2,614.50
Auto Theft Authority Assessment for 5,578 vehicles covered during 1/1/2017 to 6/30/2017		\$2,789.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	31348	CRUM & FORSTER INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,895.43
4/15/2017	\$2,895.43
5/15/2017	\$2,895.43
6/15/2017	\$2,895.43
7/15/2017	\$2,895.43
8/15/2017	\$2,895.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,372.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2016 to 12/31/2016		\$4.50
Auto Theft Authority Assessment for 41 vehicles covered during 1/1/2017 to 6/30/2017		\$20.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	31380	AMERICAN SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,219.48
4/15/2017	\$2,219.48
5/15/2017	\$2,219.48
6/15/2017	\$2,219.48
7/15/2017	\$2,219.48
8/15/2017	\$2,219.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,316.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	31453	FINANCIAL PACIFIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31453-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2016 to 12/31/2016		\$5.00
Auto Theft Authority Assessment for 33 vehicles covered during 1/1/2017 to 6/30/2017		\$16.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31470	NORGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-31470-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-31470-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	31534	CITIZENS INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,574.35
4/15/2017	\$2,574.35
5/15/2017	\$2,574.35
6/15/2017	\$2,574.35
7/15/2017	\$2,574.35
8/15/2017	\$2,574.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,446.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31550	HAULERS INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31550-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31887	COFACE NORTH AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$370.02	
4/15/2017	\$370.02	
5/15/2017	\$370.02	
6/15/2017	\$370.02	
7/15/2017	\$370.02	
8/15/2017	\$370.02	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,220.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31887-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31895	AMERICAN INTERSTATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	31925	FALLS LAKE NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31925-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-31925-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 91 vehicles covered during 7/1/2016 to 12/31/2016		\$45.50
Auto Theft Authority Assessment for 7 vehicles covered during 1/1/2017 to 6/30/2017		\$3.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	31968	MERASTAR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-31968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 35 vehicles covered during 7/1/2016 to 12/31/2016		\$17.50
Auto Theft Authority Assessment for 31 vehicles covered during 1/1/2017 to 6/30/2017		\$15.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32077	HERITAGE CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32077-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-32077-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32174	REPUBLIC MORTGAGE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32190	CONSTITUTION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-32190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	32220	21ST CENTURY NORTH AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$7,160.26	
4/15/2017	\$7,160.26	
5/15/2017	\$7,160.26	
6/15/2017	\$7,160.26	
7/15/2017	\$7,160.26	
8/15/2017	\$7,160.26	
TOTAL INSTALLMENTS PAID IN 2017:		\$42,961.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32220-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-32220-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2,451 vehicles covered during 7/1/2016 to 12/31/2016		\$1,225.50
Auto Theft Authority Assessment for 2,123 vehicles covered during 1/1/2017 to 6/30/2017		\$1,061.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	32271	FREESTONE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32280	COMMERCIAL CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-32280-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-32280-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32301	TNUS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-32301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-32301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32352	LM PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-32352-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-32352-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	32387	STAR CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32387-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32433	MEDICAL INSURANCE EXCHANGE OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32433-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32450	ALPS PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32450-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	32603	BERKLEY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,198.19
4/15/2017	\$13,198.19
5/15/2017	\$13,198.19
6/15/2017	\$13,198.19
7/15/2017	\$13,198.19
8/15/2017	\$13,198.19
TOTAL INSTALLMENTS PAID IN 2017:	
	\$79,189.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-32603-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-32603-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32620	NATIONAL INTERSTATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,480.25
4/15/2017	\$11,480.25
5/15/2017	\$11,480.25
6/15/2017	\$11,480.25
7/15/2017	\$11,480.25
8/15/2017	\$11,480.25
TOTAL INSTALLMENTS PAID IN 2017:	
	\$68,881.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32620-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 681 vehicles covered during 7/1/2016 to 12/31/2016		\$340.50
Auto Theft Authority Assessment for 650 vehicles covered during 1/1/2017 to 6/30/2017		\$325.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	32700	OWNERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$133,749.08
4/15/2017	\$133,749.08
5/15/2017	\$133,749.08
6/15/2017	\$133,749.08
7/15/2017	\$133,749.08
8/15/2017	\$133,749.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$802,494.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 18,205 vehicles covered during 7/1/2016 to 12/31/2016		\$9,102.50
Auto Theft Authority Assessment for 19,238 vehicles covered during 1/1/2017 to 6/30/2017		\$9,619.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	32778	WASHINGTON INTERNATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,411.75
4/15/2017	\$1,411.75
5/15/2017	\$1,411.75
6/15/2017	\$1,411.75
7/15/2017	\$1,411.75
8/15/2017	\$1,411.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,470.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-32778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-32778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32786	PROGRESSIVE SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32832	MUTUAL INSURANCE COMPANY OF ARIZONA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$230,831.46
4/15/2017	\$230,831.46
5/15/2017	\$230,831.46
6/15/2017	\$230,831.46
7/15/2017	\$230,831.46
8/15/2017	\$230,831.46
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,384,988.76

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32859	PENN-AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	32867	UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32867-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	32883	WESTERN EMPLOYERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	32921	ISMIE MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-32921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	33014	TRANSPORT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-33014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33022	AXA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,733.95
4/15/2017	\$6,733.95
5/15/2017	\$6,733.95
6/15/2017	\$6,733.95
7/15/2017	\$6,733.95
8/15/2017	\$6,733.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$40,403.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-33022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-33022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33162	BANKERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,627.02	
4/15/2017	\$3,627.02	
5/15/2017	\$3,627.02	
6/15/2017	\$3,627.02	
7/15/2017	\$3,627.02	
8/15/2017	\$3,627.02	
TOTAL INSTALLMENTS PAID IN 2017:		\$21,762.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33162-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 643 vehicles covered during 7/1/2016 to 12/31/2016		\$321.50
Auto Theft Authority Assessment for 654 vehicles covered during 1/1/2017 to 6/30/2017		\$327.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	33200	NORCAL MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,552.25
4/15/2017	\$20,552.25
5/15/2017	\$20,552.25
6/15/2017	\$20,552.25
7/15/2017	\$20,552.25
8/15/2017	\$20,552.25
TOTAL INSTALLMENTS PAID IN 2017:	
	\$123,313.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33383	FIRST PROFESSIONALS INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33391	PROASSURANCE INDEMNITY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$656.25	
4/15/2017	\$656.25	
5/15/2017	\$656.25	
6/15/2017	\$656.25	
7/15/2017	\$656.25	
8/15/2017	\$656.25	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,937.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33391-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33499	DORINCO REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$434.79	
4/15/2017	\$434.79	
5/15/2017	\$434.79	
6/15/2017	\$434.79	
7/15/2017	\$434.79	
8/15/2017	\$434.79	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,608.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	33529	GREAT STATES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

NAIC / Name	33588	FIRST LIBERTY INSURANCE CORPORATION, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$19,605.71
4/15/2017	\$19,605.71
5/15/2017	\$19,605.71
6/15/2017	\$19,605.71
7/15/2017	\$19,605.71
8/15/2017	\$19,605.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$117,634.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-33588-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-33588-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 863 vehicles covered during 7/1/2016 to 12/31/2016		\$431.50
Auto Theft Authority Assessment for 745 vehicles covered during 1/1/2017 to 6/30/2017		\$372.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33600	LM INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$48,894.14
4/15/2017	\$48,894.14
5/15/2017	\$48,894.14
6/15/2017	\$48,894.14
7/15/2017	\$48,894.14
8/15/2017	\$48,894.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$293,364.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-33600-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-33600-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3,504 vehicles covered during 7/1/2016 to 12/31/2016		\$1,752.00
Auto Theft Authority Assessment for 3,305 vehicles covered during 1/1/2017 to 6/30/2017		\$1,652.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	33650	MENDOTA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$24,908.43	
4/15/2017	\$24,908.43	
5/15/2017	\$24,908.43	
6/15/2017	\$24,908.43	
7/15/2017	\$24,908.43	
8/15/2017	\$24,908.43	
TOTAL INSTALLMENTS PAID IN 2017:		\$149,450.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 12,015 vehicles covered during 7/1/2016 to 12/31/2016		\$6,007.50
Auto Theft Authority Assessment for 10,675 vehicles covered during 1/1/2017 to 6/30/2017		\$5,337.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	33715	REPUBLIC CREDIT INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33715-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	33723	GREAT AMERICAN SPIRIT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$573.69	
4/15/2017	\$573.69	
5/15/2017	\$573.69	
6/15/2017	\$573.69	
7/15/2017	\$573.69	
8/15/2017	\$573.69	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,442.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33723-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-33723-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	33790	RADIAN GUARANTY INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$95,016.88
4/15/2017	\$95,016.68
5/15/2017	\$95,016.68
6/15/2017	\$95,016.68
7/15/2017	\$95,016.68
8/15/2017	\$95,016.68
TOTAL INSTALLMENTS PAID IN 2017:	
	\$570,100.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	33855	LINCOLN GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	33898	AEGIS SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,018.95
4/15/2017	\$3,123.44
5/15/2017	\$3,123.44
6/15/2017	\$3,123.44
7/15/2017	\$3,123.44
8/15/2017	\$3,123.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,636.15

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$26.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-33898-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-33898-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	33987	ADM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34002	TRANS CITY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,561.75
4/15/2017	\$3,561.75
5/15/2017	\$3,561.75
6/15/2017	\$3,561.75
7/15/2017	\$3,561.75
8/15/2017	\$3,561.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$21,370.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34037	HALLMARK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$43,538.39
4/15/2017	\$43,538.39
5/15/2017	\$43,538.39
6/15/2017	\$43,538.39
7/15/2017	\$43,538.39
8/15/2017	\$43,538.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$261,230.34

Auto Theft Authority Assessment for 29,327 vehicles covered during 7/1/2016 to 12/31/2016	\$14,663.50
Auto Theft Authority Assessment for 21,043 vehicles covered during 1/1/2017 to 6/30/2017	\$10,521.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34266	FRONTIER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	34274	CENTRAL STATES INDEMNITY CO. OF OMAHA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,117.56
4/15/2017	\$13,117.56
5/15/2017	\$13,117.56
6/15/2017	\$13,117.56
7/15/2017	\$13,117.56
8/15/2017	\$13,117.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$78,705.36

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,330.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-34274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34312	PRODUCERS AGRICULTURE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,450.48
4/15/2017	\$1,450.48
5/15/2017	\$1,450.48
6/15/2017	\$1,450.48
7/15/2017	\$1,450.48
8/15/2017	\$1,450.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,702.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34339	METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$98,452.31
4/15/2017	\$98,452.31
5/15/2017	\$98,452.31
6/15/2017	\$98,452.31
7/15/2017	\$98,452.31
8/15/2017	\$98,452.31
TOTAL INSTALLMENTS PAID IN 2017:	
	\$590,713.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34339-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 16,737 vehicles covered during 7/1/2016 to 12/31/2016		\$8,368.50
Auto Theft Authority Assessment for 15,451 vehicles covered during 1/1/2017 to 6/30/2017		\$7,725.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34347	COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	34460	MAIDSTONE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34495	DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,823.30
4/15/2017	\$15,823.30
5/15/2017	\$15,823.30
6/15/2017	\$15,823.30
7/15/2017	\$15,823.30
8/15/2017	\$15,823.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$94,939.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-34495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-34495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34525	FIRST AMERICAN SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,814.48
4/15/2017	\$5,814.48
5/15/2017	\$5,814.48
6/15/2017	\$5,814.48
7/15/2017	\$5,814.48
8/15/2017	\$5,814.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,886.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	34630	OAK RIVER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34649	CENTRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-34649-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34690	PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,479.10
4/15/2017	\$24,479.10
5/15/2017	\$24,479.10
6/15/2017	\$24,479.10
7/15/2017	\$24,479.10
8/15/2017	\$24,479.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$146,874.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34690-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-34690-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,489 vehicles covered during 7/1/2016 to 12/31/2016		\$744.50
Auto Theft Authority Assessment for 1,314 vehicles covered during 1/1/2017 to 6/30/2017		\$657.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34711	COMPUTER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	34738	ARAG INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,574.04
4/15/2017	\$2,574.04
5/15/2017	\$2,574.04
6/15/2017	\$2,574.04
7/15/2017	\$2,574.04
8/15/2017	\$2,574.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,444.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	34762	SUNZ INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34789	21ST CENTURY CENTENNIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$545.30	
4/15/2017	\$545.30	
5/15/2017	\$545.30	
6/15/2017	\$545.30	
7/15/2017	\$545.30	
8/15/2017	\$545.30	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,271.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-34789-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-34789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 178 vehicles covered during 7/1/2016 to 12/31/2016		\$89.00
Auto Theft Authority Assessment for 161 vehicles covered during 1/1/2017 to 6/30/2017		\$80.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34886	AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34886-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34894	TRENWICK AMERICA REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34894-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	34924	DAKOTA TRUCK UNDERWRITERS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-34924-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	35009	FINANCIAL CASUALTY & SURETY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35009-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35157	FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,009.52
4/15/2017	\$1,009.52
5/15/2017	\$1,009.52
6/15/2017	\$1,009.52
7/15/2017	\$1,009.52
8/15/2017	\$1,009.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,057.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-35157-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-35157-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35181	EXECUTIVE RISK INDEMNITY INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,590.71
4/15/2017	\$1,590.71
5/15/2017	\$1,590.71
6/15/2017	\$1,590.71
7/15/2017	\$1,590.71
8/15/2017	\$1,590.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,544.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35246	ILLINOIS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35289	CONTINENTAL INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,191.75
4/15/2017	\$28,191.75
5/15/2017	\$28,191.75
6/15/2017	\$28,191.75
7/15/2017	\$28,191.75
8/15/2017	\$28,191.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$169,150.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35289-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-35289-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,351 vehicles covered during 7/1/2016 to 12/31/2016		\$675.50
Auto Theft Authority Assessment for 1,432 vehicles covered during 1/1/2017 to 6/30/2017		\$716.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35300	ALLIANZ GLOBAL RISKS US INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,186.23
4/15/2017	\$35,186.23
5/15/2017	\$35,186.23
6/15/2017	\$35,186.23
7/15/2017	\$35,186.23
8/15/2017	\$35,186.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$211,117.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35319	UNITED AUTOMOBILE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$99,096.24
4/15/2017	\$99,096.24
5/15/2017	\$99,096.24
6/15/2017	\$99,096.24
7/15/2017	\$99,096.24
8/15/2017	\$99,096.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$594,577.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 36,613 vehicles covered during 7/1/2016 to 12/31/2016		\$18,306.50
Auto Theft Authority Assessment for 18,250 vehicles covered during 1/1/2017 to 6/30/2017		\$9,125.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35378	EVANSTON INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	35386	FIDELITY AND GUARANTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35386-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35408	IMPERIUM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,686.54
4/15/2017	\$3,686.54
5/15/2017	\$3,686.54
6/15/2017	\$3,686.54
7/15/2017	\$3,686.54
8/15/2017	\$3,686.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$22,119.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-35408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-35408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 84 vehicles covered during 7/1/2016 to 12/31/2016		\$42.00
Auto Theft Authority Assessment for 79 vehicles covered during 1/1/2017 to 6/30/2017		\$39.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35416	U.S. UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35424	OLD REPUBLIC SECURITY ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-35424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-35424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35432	NEW JERSEY RE-INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35440	MID-AMERICAN CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35483	DAILY UNDERWRITERS OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,092.18
4/15/2017	\$2,092.18
5/15/2017	\$2,092.18
6/15/2017	\$2,092.18
7/15/2017	\$2,092.18
8/15/2017	\$2,092.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,553.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-35483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-35483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 97 vehicles covered during 7/1/2016 to 12/31/2016		\$48.50
Auto Theft Authority Assessment for 91 vehicles covered during 1/1/2017 to 6/30/2017		\$45.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35505	ROCKWOOD CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35602	OHIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-35602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-35602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35769	PROTECTIVE PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,690.28
4/15/2017	\$13,690.28
5/15/2017	\$13,690.28
6/15/2017	\$13,690.28
7/15/2017	\$13,690.28
8/15/2017	\$13,690.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$82,141.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-35769-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35777	INTERNATIONAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	35874	OLD HICKORY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	35882	GEICO GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$108,567.89
4/15/2017	\$108,567.89
5/15/2017	\$108,567.89
6/15/2017	\$108,567.89
7/15/2017	\$108,567.89
8/15/2017	\$108,567.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$651,407.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35882-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-35882-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 159,516 vehicles covered during 7/1/2016 to 12/31/2016		\$79,758.00
Auto Theft Authority Assessment for 150,196 vehicles covered during 1/1/2017 to 6/30/2017		\$75,098.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	35955	CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF OREGON
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$30,794.58
4/15/2017	\$30,794.58
5/15/2017	\$30,794.58
6/15/2017	\$30,794.58
7/15/2017	\$30,794.58
8/15/2017	\$30,794.58
TOTAL INSTALLMENTS PAID IN 2017:	
	\$184,767.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-35955-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 5,020 vehicles covered during 7/1/2016 to 12/31/2016		\$2,510.00
Auto Theft Authority Assessment for 4,636 vehicles covered during 1/1/2017 to 6/30/2017		\$2,318.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36064	HANOVER AMERICAN INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,058.04
4/15/2017	\$8,058.04
5/15/2017	\$8,058.04
6/15/2017	\$8,058.04
7/15/2017	\$8,058.04
8/15/2017	\$8,058.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$48,348.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36064-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2017 to 6/30/2017		\$5.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36137	TRAVELERS COMMERCIAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,200.66
4/15/2017	\$11,200.66
5/15/2017	\$11,200.66
6/15/2017	\$11,200.66
7/15/2017	\$11,200.66
8/15/2017	\$11,200.66
TOTAL INSTALLMENTS PAID IN 2017:	
	\$67,203.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36137-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	36145	TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36145-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36153	AETNA INSURANCE COMPANY OF CONNECTICUT
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36161	TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$138,945.75
4/15/2017	\$138,945.75
5/15/2017	\$138,945.75
6/15/2017	\$138,945.75
7/15/2017	\$138,945.75
8/15/2017	\$138,945.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$833,674.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 48,696 vehicles covered during 7/1/2016 to 12/31/2016		\$24,348.00
Auto Theft Authority Assessment for 57,520 vehicles covered during 1/1/2017 to 6/30/2017		\$28,760.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36170	TRAVELERS CASUALTY COMPANY OF CONNECTICUT
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,643 vehicles covered during 7/1/2016 to 12/31/2016		\$821.50
Auto Theft Authority Assessment for 1,459 vehicles covered during 1/1/2017 to 6/30/2017		\$729.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36226	UNITED CASUALTY AND SURETY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36234	PREFERRED PROFESSIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,259.75
4/15/2017	\$2,259.75
5/15/2017	\$2,259.75
6/15/2017	\$2,259.75
7/15/2017	\$2,259.75
8/15/2017	\$2,259.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,558.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36269	TITAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2016 to 12/31/2016		\$24.50
Auto Theft Authority Assessment for 47 vehicles covered during 1/1/2017 to 6/30/2017		\$23.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36307	GRAY INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36340	CAMICO MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,175.80
4/15/2017	\$3,175.80
5/15/2017	\$3,175.80
6/15/2017	\$3,175.80
7/15/2017	\$3,175.80
8/15/2017	\$3,175.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$19,054.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36447	LM GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$429,610.74
4/15/2017	\$429,610.74
5/15/2017	\$429,610.74
6/15/2017	\$429,610.74
7/15/2017	\$429,610.74
8/15/2017	\$429,610.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,577,664.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-36447-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 131,610 vehicles covered during 7/1/2016 to 12/31/2016		\$65,805.00
Auto Theft Authority Assessment for 140,910 vehicles covered during 1/1/2017 to 6/30/2017		\$70,455.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36455	ALLSTATE NORTHBROOK INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-36455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2016 to 12/31/2016		\$1.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36463	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-36463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-36463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36552	COLISEUM REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36560	SERVICE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36560-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36587	21ST CENTURY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-36587-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36650	GUARANTEE COMPANY OF NORTH AMERICA USA, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,907.20
4/15/2017	\$1,907.20
5/15/2017	\$1,907.20
6/15/2017	\$1,907.20
7/15/2017	\$1,907.20
8/15/2017	\$1,907.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,443.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36650-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

1065

web site: insurance.az.gov

NAIC / Name	36684	RIVERPORT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,551.78
4/15/2017	\$3,551.78
5/15/2017	\$3,551.78
6/15/2017	\$3,551.78
7/15/2017	\$3,551.78
8/15/2017	\$3,551.78
TOTAL INSTALLMENTS PAID IN 2017:	
	\$21,310.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36684-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-36684-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 402 vehicles covered during 7/1/2016 to 12/31/2016		\$201.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1066

web site: insurance.az.gov

NAIC / Name	36781	FMH AG RISK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-36781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-36781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36897	MANUFACTURERS ALLIANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,581.41	
4/15/2017	\$4,581.41	
5/15/2017	\$4,581.41	
6/15/2017	\$4,581.00	
7/15/2017	\$4,581.00	
8/15/2017	\$4,581.41	
TOTAL INSTALLMENTS PAID IN 2017:		\$27,487.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-36897-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 838 vehicles covered during 7/1/2016 to 12/31/2016		\$419.00
Auto Theft Authority Assessment for 51 vehicles covered during 1/1/2017 to 6/30/2017		\$25.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36927	COLONY SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$667.40
4/15/2017	\$667.40
5/15/2017	\$667.40
6/15/2017	\$667.40
7/15/2017	\$667.40
8/15/2017	\$667.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,004.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	36951	CENTURY SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-36951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	37001	WINDHAVEN NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$754.79
4/15/2017	\$754.79
5/15/2017	\$754.79
6/15/2017	\$754.79
7/15/2017	\$754.79
8/15/2017	\$754.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,528.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37060	OLD UNITED CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,337.75
4/15/2017	\$10,337.75
5/15/2017	\$10,337.75
6/15/2017	\$10,337.75
7/15/2017	\$10,337.75
8/15/2017	\$10,337.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$62,026.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37060-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-37060-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37095	GENWORTH FINANCIAL ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37095-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37109	LANDCAR CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,772.30
4/15/2017	\$8,772.30
5/15/2017	\$8,772.30
6/15/2017	\$8,772.30
7/15/2017	\$8,772.30
8/15/2017	\$8,772.30
TOTAL INSTALLMENTS PAID IN 2017:	
	\$52,633.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37150	WESTERN HERITAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,479.38
4/15/2017	\$5,479.38
5/15/2017	\$5,479.38
6/15/2017	\$5,479.38
7/15/2017	\$5,479.38
8/15/2017	\$5,479.38
TOTAL INSTALLMENTS PAID IN 2017:	
	\$32,876.28

Auto Theft Authority Assessment for 293 vehicles covered during 7/1/2016 to 12/31/2016	\$146.50
Auto Theft Authority Assessment for 302 vehicles covered during 1/1/2017 to 6/30/2017	\$151.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37206	CONTRACTORS BONDING AND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$22,824.20
4/15/2017	\$22,824.20
5/15/2017	\$22,824.20
6/15/2017	\$22,824.20
7/15/2017	\$22,824.20
8/15/2017	\$22,824.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$136,945.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,090 vehicles covered during 7/1/2016 to 12/31/2016		\$545.00
Auto Theft Authority Assessment for 317 vehicles covered during 1/1/2017 to 6/30/2017		\$158.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	37214	AMERICAN STATES PREFERRED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37257	PRAETORIAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$33,067.60
4/15/2017	\$33,067.60
5/15/2017	\$33,067.60
6/15/2017	\$33,067.60
7/15/2017	\$33,067.60
8/15/2017	\$33,067.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$198,405.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-37257-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-37257-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 883 vehicles covered during 7/1/2016 to 12/31/2016		\$441.50
Auto Theft Authority Assessment for 298 vehicles covered during 1/1/2017 to 6/30/2017		\$149.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37273	AXIS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,361.96
4/15/2017	\$28,361.96
5/15/2017	\$28,361.96
6/15/2017	\$28,361.96
7/15/2017	\$28,361.96
8/15/2017	\$28,361.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$170,171.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$835.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37273-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-37273-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 64 vehicles covered during 7/1/2016 to 12/31/2016		\$32.00
Auto Theft Authority Assessment for 112 vehicles covered during 1/1/2017 to 6/30/2017		\$56.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37478	HARTFORD INSURANCE COMPANY OF THE MIDWEST
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$52,803.49
4/15/2017	\$52,803.49
5/15/2017	\$52,803.49
6/15/2017	\$52,803.49
7/15/2017	\$52,803.49
8/15/2017	\$52,803.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$316,820.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37478-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 9,568 vehicles covered during 7/1/2016 to 12/31/2016		\$4,784.00
Auto Theft Authority Assessment for 8,751 vehicles covered during 1/1/2017 to 6/30/2017		\$4,375.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37540	BEAZLEY INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$14,084.73
4/15/2017	\$14,084.73
5/15/2017	\$14,084.73
6/15/2017	\$14,084.73
7/15/2017	\$14,084.73
8/15/2017	\$14,084.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$84,508.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$23.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-37540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	37621	TOYOTA MOTOR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,643.59
4/15/2017	\$6,643.59
5/15/2017	\$6,643.59
6/15/2017	\$6,643.59
7/15/2017	\$6,643.59
8/15/2017	\$6,643.59
TOTAL INSTALLMENTS PAID IN 2017:	
	\$39,861.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37621-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	37648	PERMANENT GENERAL ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$84,823.25
4/15/2017	\$84,823.25
5/15/2017	\$84,823.25
6/15/2017	\$84,823.25
7/15/2017	\$84,823.25
8/15/2017	\$84,823.25
TOTAL INSTALLMENTS PAID IN 2017:	
	\$508,939.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37648-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 43,395 vehicles covered during 7/1/2016 to 12/31/2016		\$21,697.50
Auto Theft Authority Assessment for 47,127 vehicles covered during 1/1/2017 to 6/30/2017		\$23,563.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37710	FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$34,797.39
4/15/2017	\$34,797.39
5/15/2017	\$34,797.39
6/15/2017	\$34,797.39
7/15/2017	\$34,797.39
8/15/2017	\$34,797.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$208,784.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 676 vehicles covered during 7/1/2016 to 12/31/2016		\$338.00
Auto Theft Authority Assessment for 866 vehicles covered during 1/1/2017 to 6/30/2017		\$433.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	37753	SUPERIOR NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	37770	CSAA GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$310,782.83
4/15/2017	\$310,782.83
5/15/2017	\$310,782.83
6/15/2017	\$310,782.83
7/15/2017	\$310,782.83
8/15/2017	\$310,782.83
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,864,696.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37770-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 129,305 vehicles covered during 7/1/2016 to 12/31/2016		\$64,652.50
Auto Theft Authority Assessment for 132,467 vehicles covered during 1/1/2017 to 6/30/2017		\$66,233.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37800	KOOKMIN BEST INSURANCE CO., LTD.(U.S.BRANCH)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37800-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37834	PROGRESSIVE PREFERRED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$569,007.57
4/15/2017	\$569,007.57
5/15/2017	\$569,007.57
6/15/2017	\$569,007.57
7/15/2017	\$569,007.57
8/15/2017	\$569,007.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,414,045.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37834-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 213,177 vehicles covered during 7/1/2016 to 12/31/2016		\$106,588.50
Auto Theft Authority Assessment for 225,421 vehicles covered during 1/1/2017 to 6/30/2017		\$112,710.50

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	37850	PACIFIC SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,226.49
4/15/2017	\$20,226.49
5/15/2017	\$20,226.49
6/15/2017	\$20,226.49
7/15/2017	\$20,226.49
8/15/2017	\$20,226.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$121,358.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,961 vehicles covered during 7/1/2016 to 12/31/2016		\$980.50
Auto Theft Authority Assessment for 2,097 vehicles covered during 1/1/2017 to 6/30/2017		\$1,048.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37869	PRE-PAID LEGAL CASUALTY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,440.45
4/15/2017	\$29,440.45
5/15/2017	\$29,440.45
6/15/2017	\$29,440.45
7/15/2017	\$29,440.45
8/15/2017	\$29,440.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$176,642.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	37877	NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-37877-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-37877-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	37885	XL SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$56,396.02	
4/15/2017	\$56,396.02	
5/15/2017	\$56,396.02	
6/15/2017	\$56,396.02	
7/15/2017	\$56,396.02	
8/15/2017	\$56,396.02	
TOTAL INSTALLMENTS PAID IN 2017:		\$338,376.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 57 vehicles covered during 7/1/2016 to 12/31/2016		\$28.50
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2017 to 6/30/2017		\$28.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	37893	ULLICO CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37907	ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$133,876.37
4/15/2017	\$133,876.37
5/15/2017	\$133,876.37
6/15/2017	\$133,876.37
7/15/2017	\$133,876.37
8/15/2017	\$133,876.37
TOTAL INSTALLMENTS PAID IN 2017:	
	\$803,258.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37907-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-37907-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2016 to 12/31/2016		\$2.00
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2017 to 6/30/2017		\$0.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37915	ESSENTIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$28,034.18	
4/15/2017	\$28,034.18	
5/15/2017	\$28,034.18	
6/15/2017	\$28,034.18	
7/15/2017	\$28,034.18	
8/15/2017	\$28,034.18	
TOTAL INSTALLMENTS PAID IN 2017:		\$168,205.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 40,838 vehicles covered during 7/1/2016 to 12/31/2016		\$20,419.00
Auto Theft Authority Assessment for 45,061 vehicles covered during 1/1/2017 to 6/30/2017		\$22,530.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37923	GEICO MARINE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,869.86
4/15/2017	\$3,869.86
5/15/2017	\$3,869.86
6/15/2017	\$3,869.86
7/15/2017	\$3,869.86
8/15/2017	\$3,869.86
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,219.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37923-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	37931	AMERICAN FARMERS & RANCHERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37931-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-37931-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37940	LEXINGTON NATIONAL INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37940-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37958	ACCEPTANCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	37990	AMERICAN EMPIRE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-37990-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38032	US INTERNATIONAL REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38067	ECONOMY PREFERRED INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$22,244.25	
4/15/2017	\$22,244.25	
5/15/2017	\$22,244.25	
6/15/2017	\$22,244.25	
7/15/2017	\$22,244.25	
8/15/2017	\$22,244.25	
TOTAL INSTALLMENTS PAID IN 2017:		\$133,465.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38067-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4,029 vehicles covered during 7/1/2016 to 12/31/2016		\$2,014.50
Auto Theft Authority Assessment for 4,042 vehicles covered during 1/1/2017 to 6/30/2017		\$2,021.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38130	TRAVELERS PERSONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38148	LANCER INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38156	ALPHA PROPERTY & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$33,522.29
4/15/2017	\$33,522.29
5/15/2017	\$33,522.29
6/15/2017	\$33,522.29
7/15/2017	\$33,522.29
8/15/2017	\$33,522.29
TOTAL INSTALLMENTS PAID IN 2017:	
	\$201,133.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38156-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 12,608 vehicles covered during 7/1/2016 to 12/31/2016		\$6,304.00
Auto Theft Authority Assessment for 12,641 vehicles covered during 1/1/2017 to 6/30/2017		\$6,320.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38245	BCS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,310.23
4/15/2017	\$10,310.23
5/15/2017	\$10,310.23
6/15/2017	\$10,310.23
7/15/2017	\$10,310.23
8/15/2017	\$10,310.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$61,861.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,162.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38245-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38245-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38300	SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$753.06
4/15/2017	\$753.06
5/15/2017	\$753.06
6/15/2017	\$753.06
7/15/2017	\$753.06
8/15/2017	\$753.06
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,518.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38300-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 58 vehicles covered during 7/1/2016 to 12/31/2016		\$29.00
Auto Theft Authority Assessment for 59 vehicles covered during 1/1/2017 to 6/30/2017		\$29.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38318	STARR INDEMNITY & LIABILITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$46,026.33
4/15/2017	\$46,026.33
5/15/2017	\$46,026.33
6/15/2017	\$46,026.33
7/15/2017	\$46,026.33
8/15/2017	\$46,026.33
TOTAL INSTALLMENTS PAID IN 2017:	
\$276,157.98	

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$782.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38318-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 294 vehicles covered during 7/1/2016 to 12/31/2016		\$147.00
Auto Theft Authority Assessment for 989 vehicles covered during 1/1/2017 to 6/30/2017		\$494.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38458	GENWORTH MORTGAGE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$69,882.21
4/15/2017	\$69,882.21
5/15/2017	\$69,882.21
6/15/2017	\$69,882.21
7/15/2017	\$69,882.21
8/15/2017	\$69,882.21
TOTAL INSTALLMENTS PAID IN 2017:	
	\$419,293.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38458-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38474	PEGASUS INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38490	ARIZONA HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,672.63
4/15/2017	\$29,672.63
5/15/2017	\$29,672.63
6/15/2017	\$29,672.63
7/15/2017	\$29,672.63
8/15/2017	\$29,672.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$178,035.78

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38512	RAMPART INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38512-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38601	MIC PROPERTY AND CASUALTY INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,595.70
4/15/2017	\$3,595.70
5/15/2017	\$3,595.70
6/15/2017	\$3,595.70
7/15/2017	\$3,595.70
8/15/2017	\$3,595.70
TOTAL INSTALLMENTS PAID IN 2017:	
	\$21,574.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38628	PROGRESSIVE NORTHERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38636	PARTNER REINSURANCE COMPANY OF THE U.S.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38652	AMERICAN MODERN SELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$48,395.18	
4/15/2017	\$48,395.18	
5/15/2017	\$48,395.18	
6/15/2017	\$48,395.18	
7/15/2017	\$48,395.18	
8/15/2017	\$48,395.18	
TOTAL INSTALLMENTS PAID IN 2017:		\$290,371.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 426 vehicles covered during 7/1/2016 to 12/31/2016		\$213.00
Auto Theft Authority Assessment for 407 vehicles covered during 1/1/2017 to 6/30/2017		\$203.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38660	MIC GENERAL INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$945.60	
4/15/2017	\$945.60	
5/15/2017	\$1,891.20	
6/15/2017	\$945.60	
7/15/2017	\$945.60	
8/15/2017	\$945.60	
TOTAL INSTALLMENTS PAID IN 2017:		\$6,619.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1,073 vehicles covered during 7/1/2016 to 12/31/2016		\$536.50
Auto Theft Authority Assessment for 1,114 vehicles covered during 1/1/2017 to 6/30/2017		\$557.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38733	ALASKA NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38733-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 29 vehicles covered during 7/1/2016 to 12/31/2016		\$14.50
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2017 to 6/30/2017		\$10.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	38776	SIRIUS AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,007.28	
4/15/2017	\$3,007.28	
5/15/2017	\$3,007.28	
6/15/2017	\$3,007.28	
7/15/2017	\$3,007.28	
8/15/2017	\$3,007.28	
TOTAL INSTALLMENTS PAID IN 2017:		\$18,043.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$376.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-38776-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-38776-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38865	CALIFORNIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38865-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38865-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38873	INFINITY SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38911	BERKLEY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,291.44	
4/15/2017	\$4,291.44	
5/15/2017	\$4,291.44	
6/15/2017	\$4,291.44	
7/15/2017	\$4,291.44	
8/15/2017	\$4,291.44	
TOTAL INSTALLMENTS PAID IN 2017:		\$25,748.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 174 vehicles covered during 7/1/2016 to 12/31/2016		\$87.00
Auto Theft Authority Assessment for 158 vehicles covered during 1/1/2017 to 6/30/2017		\$79.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	38962	GENESIS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,310.64
4/15/2017	\$1,310.64
5/15/2017	\$1,310.64
6/15/2017	\$1,310.64
7/15/2017	\$1,310.64
8/15/2017	\$1,310.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,863.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38962-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38962-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	38970	MARKEL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$16,197.50
4/15/2017	\$16,197.50
5/15/2017	\$16,197.50
6/15/2017	\$16,197.50
7/15/2017	\$16,197.50
8/15/2017	\$16,197.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$97,185.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$245.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-38970-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-38970-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 449 vehicles covered during 7/1/2016 to 12/31/2016		\$224.50
Auto Theft Authority Assessment for 520 vehicles covered during 1/1/2017 to 6/30/2017		\$260.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	38997	SOMPO AMERICA FIRE & MARINE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-38997-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-38997-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	39012	SAFECO INSURANCE COMPANY OF ILLINOIS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$9,665.53	
4/15/2017	\$9,665.53	
5/15/2017	\$9,665.53	
6/15/2017	\$9,665.53	
7/15/2017	\$9,665.53	
8/15/2017	\$9,665.53	
TOTAL INSTALLMENTS PAID IN 2017:		\$57,993.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39012-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 10,340 vehicles covered during 7/1/2016 to 12/31/2016		\$5,170.00
Auto Theft Authority Assessment for 11,196 vehicles covered during 1/1/2017 to 6/30/2017		\$5,598.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39039	RURAL COMMUNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,715.54
4/15/2017	\$2,715.54
5/15/2017	\$2,715.54
6/15/2017	\$2,715.54
7/15/2017	\$2,715.54
8/15/2017	\$2,715.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,293.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	39098	OMNI INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,244.99
4/15/2017	\$10,244.99
5/15/2017	\$10,244.99
6/15/2017	\$10,244.99
7/15/2017	\$10,244.99
8/15/2017	\$10,244.99
TOTAL INSTALLMENTS PAID IN 2017:	
	\$61,469.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39098-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 3,473 vehicles covered during 7/1/2016 to 12/31/2016		\$1,736.50
Auto Theft Authority Assessment for 3,964 vehicles covered during 1/1/2017 to 6/30/2017		\$1,982.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	39136	FINIAL REINSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39152	AMERICAN HEALTHCARE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39187	SUECIA INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00

TOTAL: \$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39217	QBE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$56,434.61
4/15/2017	\$56,434.61
5/15/2017	\$56,434.61
6/15/2017	\$56,434.61
7/15/2017	\$56,434.61
8/15/2017	\$56,434.61
TOTAL INSTALLMENTS PAID IN 2017:	
\$338,607.66	

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,082.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-39217-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-39217-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 256 vehicles covered during 7/1/2016 to 12/31/2016		\$128.00
Auto Theft Authority Assessment for 158 vehicles covered during 1/1/2017 to 6/30/2017		\$79.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	39306	FIDELITY AND DEPOSIT COMPANY OF MARYLAND
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$33,322.07	
4/15/2017	\$33,322.07	
5/15/2017	\$33,322.07	
6/15/2017	\$33,322.07	
7/15/2017	\$33,322.07	
8/15/2017	\$33,322.07	
TOTAL INSTALLMENTS PAID IN 2017:		\$199,932.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39306-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	39322	GENERAL SECURITY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,103.00
4/15/2017	\$2,103.00
5/15/2017	\$2,103.00
6/15/2017	\$2,103.00
7/15/2017	\$2,103.00
8/15/2017	\$2,103.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,618.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-39322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-39322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39330	UNITED CAPITOL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39527	HERITAGE INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,526.24
4/15/2017	\$5,526.24
5/15/2017	\$5,526.24
6/15/2017	\$5,526.24
7/15/2017	\$5,526.24
8/15/2017	\$5,526.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,157.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39527-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39551	CONTINENTAL HERITAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39551-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39608	NUTMEG INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-39608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-39608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39616	VISION SERVICE PLAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	DI	DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$94,537.56
4/15/2017	\$94,537.56
5/15/2017	\$94,537.56
6/15/2017	\$94,537.56
7/15/2017	\$94,537.56
8/15/2017	\$94,537.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$567,225.36

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$39,845.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-39616-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-39616-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39675	EXCALIBUR REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	39845	WESTPORT INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$14,790.54
4/15/2017	\$14,790.94
5/15/2017	\$14,790.94
6/15/2017	\$14,790.94
7/15/2017	\$14,790.94
8/15/2017	\$14,790.94
TOTAL INSTALLMENTS PAID IN 2017:	
	\$88,745.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,160.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-39845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-39845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	39861	GOLDEN BEAR INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39861-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	39926	SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39942	AMERICAN NATIONAL GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,620.09
4/15/2017	\$1,620.09
5/15/2017	\$1,620.09
6/15/2017	\$1,620.09
7/15/2017	\$1,620.09
8/15/2017	\$1,620.09
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,720.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 350 vehicles covered during 7/1/2016 to 12/31/2016		\$175.00
Auto Theft Authority Assessment for 243 vehicles covered during 1/1/2017 to 6/30/2017		\$121.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	39950	METROPOLITAN GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$469.46	
4/15/2017	\$469.46	
5/15/2017	\$469.46	
6/15/2017	\$469.46	
7/15/2017	\$469.46	
8/15/2017	\$469.46	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,816.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-39950-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 215 vehicles covered during 7/1/2016 to 12/31/2016		\$107.50
Auto Theft Authority Assessment for 300 vehicles covered during 1/1/2017 to 6/30/2017		\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40010	ANCHOR GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,144.10
4/15/2017	\$8,144.10
5/15/2017	\$8,144.10
6/15/2017	\$8,144.10
7/15/2017	\$8,144.10
8/15/2017	\$8,144.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$48,864.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40010-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,294 vehicles covered during 7/1/2016 to 12/31/2016		\$3,147.00
Auto Theft Authority Assessment for 8,614 vehicles covered during 1/1/2017 to 6/30/2017		\$4,307.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40029	EXPLORER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-40029-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-40029-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40045	STARNET INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,053.43
4/15/2017	\$11,053.43
5/15/2017	\$11,053.43
6/15/2017	\$11,053.43
7/15/2017	\$11,053.43
8/15/2017	\$11,053.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$66,320.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-40045-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-40045-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 77 vehicles covered during 7/1/2016 to 12/31/2016		\$38.50
Auto Theft Authority Assessment for 86 vehicles covered during 1/1/2017 to 6/30/2017		\$43.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40134	CASTLEPOINT NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40142	AMERICAN ZURICH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$13,534.98	
4/15/2017	\$13,534.98	
5/15/2017	\$13,534.98	
6/15/2017	\$13,534.98	
7/15/2017	\$13,534.98	
8/15/2017	\$13,534.98	
TOTAL INSTALLMENTS PAID IN 2017:		\$81,209.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-40142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 315 vehicles covered during 7/1/2016 to 12/31/2016		\$157.50
Auto Theft Authority Assessment for 839 vehicles covered during 1/1/2017 to 6/30/2017		\$419.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40150	MGA INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$57,887.15	
4/15/2017	\$57,887.15	
5/15/2017	\$57,887.15	
6/15/2017	\$57,887.15	
7/15/2017	\$57,887.15	
8/15/2017	\$57,887.15	
TOTAL INSTALLMENTS PAID IN 2017:		\$347,322.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40150-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 25,227 vehicles covered during 7/1/2016 to 12/31/2016		\$12,613.50
Auto Theft Authority Assessment for 29,674 vehicles covered during 1/1/2017 to 6/30/2017		\$14,837.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40169	METROPOLITAN CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$48,194.04
4/15/2017	\$48,194.04
5/15/2017	\$48,194.04
6/15/2017	\$48,194.04
7/15/2017	\$48,194.04
8/15/2017	\$48,194.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$289,164.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40169-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8,580 vehicles covered during 7/1/2016 to 12/31/2016		\$4,290.00
Auto Theft Authority Assessment for 7,860 vehicles covered during 1/1/2017 to 6/30/2017		\$3,930.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40193	XL INSURANCE COMPANY OF NEW YORK, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40193-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40258	AIG ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2017 to 6/30/2017		\$2.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40266	ARCH MORTGAGE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,836.58
4/15/2017	\$10,836.58
5/15/2017	\$10,836.58
6/15/2017	\$10,836.58
7/15/2017	\$10,836.58
8/15/2017	\$10,836.58
TOTAL INSTALLMENTS PAID IN 2017:	
	\$65,019.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40266-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1155

web site: insurance.az.gov

NAIC / Name	40282	TRAVELERS COMMERCIAL CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40282-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-40282-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40312	PIONEER SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40371	COLUMBIA MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1158

web site: insurance.az.gov

NAIC / Name	40398	ASHMERE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40398-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-40398-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40436	STRATFORD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40436-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40444	OLD REPUBLIC SURETY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,541.65
4/15/2017	\$2,541.65
5/15/2017	\$2,541.65
6/15/2017	\$2,541.65
7/15/2017	\$2,541.65
8/15/2017	\$2,541.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,249.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40460	SAGAMORE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-40460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2016 to 12/31/2016		\$0.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2017 to 6/30/2017		\$0.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	40517	ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40517-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	40525	UNITED GUARANTY CREDIT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40649	ECONOMY PREMIER ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,444.52
4/15/2017	\$2,444.52
5/15/2017	\$2,444.52
6/15/2017	\$2,444.52
7/15/2017	\$2,444.52
8/15/2017	\$2,444.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,667.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40649-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 127 vehicles covered during 7/1/2016 to 12/31/2016		\$63.50
Auto Theft Authority Assessment for 95 vehicles covered during 1/1/2017 to 6/30/2017		\$47.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40703	UNITRIN SAFEGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40789	AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40789-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40800	AMERICAN STERLING INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40827	VIRGINIA SURETY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$43,526.95
4/15/2017	\$43,526.95
5/15/2017	\$43,526.95
6/15/2017	\$43,526.95
7/15/2017	\$43,526.95
8/15/2017	\$43,526.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$261,161.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40827-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-40827-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40843	UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,524.16
4/15/2017	\$2,524.16
5/15/2017	\$2,524.16
6/15/2017	\$2,524.16
7/15/2017	\$2,524.16
8/15/2017	\$2,524.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,144.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40843-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2016 to 12/31/2016		\$30.00
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2017 to 6/30/2017		\$5.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40940	WESTERN PACIFIC MUTUAL INSURANCE COMPANY, A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	40975	DENTISTS INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,000.50
4/15/2017	\$1,000.47
5/15/2017	\$1,000.47
6/15/2017	\$1,000.47
7/15/2017	\$1,000.47
8/15/2017	\$1,000.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,002.85

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-40975-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41050	TDC NATIONAL ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41106	TRIUMPHE CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$420.24	
4/15/2017	\$420.24	
5/15/2017	\$420.24	
6/15/2017	\$420.24	
7/15/2017	\$420.24	
8/15/2017	\$420.24	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,521.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 133 vehicles covered during 7/1/2016 to 12/31/2016		\$66.50
Auto Theft Authority Assessment for 109 vehicles covered during 1/1/2017 to 6/30/2017		\$54.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41181	UNIVERSAL UNDERWRITERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$31,328.30	
4/15/2017	\$31,328.30	
5/15/2017	\$31,328.30	
6/15/2017	\$31,328.30	
7/15/2017	\$31,328.30	
8/15/2017	\$31,328.30	
TOTAL INSTALLMENTS PAID IN 2017:		\$187,969.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-41181-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-41181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 110 vehicles covered during 7/1/2016 to 12/31/2016		\$55.00
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2017 to 6/30/2017		\$11.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41211	TRITON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,416.69
4/15/2017	\$1,416.69
5/15/2017	\$1,416.69
6/15/2017	\$1,416.69
7/15/2017	\$1,416.69
8/15/2017	\$1,416.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,500.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-41211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 114 vehicles covered during 7/1/2016 to 12/31/2016		\$57.00
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2017 to 6/30/2017		\$13.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41238	TRANS PACIFIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,343.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,343.17

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2016 to 12/31/2016		\$7.00
Auto Theft Authority Assessment for 14 vehicles covered during 1/1/2017 to 6/30/2017		\$7.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41297	SCOTTSDALE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$32,316.22	
4/15/2017	\$32,316.22	
5/15/2017	\$32,316.22	
6/15/2017	\$32,316.22	
7/15/2017	\$32,316.22	
8/15/2017	\$32,316.22	
TOTAL INSTALLMENTS PAID IN 2017:		\$193,897.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41297-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 594 vehicles covered during 7/1/2016 to 12/31/2016		\$297.00
Auto Theft Authority Assessment for 594 vehicles covered during 1/1/2017 to 6/30/2017		\$297.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41335	CITY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41343	HDI GLOBAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,266.31
4/15/2017	\$8,266.31
5/15/2017	\$8,266.31
6/15/2017	\$8,266.31
7/15/2017	\$8,266.31
8/15/2017	\$8,266.31
TOTAL INSTALLMENTS PAID IN 2017:	
	\$49,597.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-41343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	41394	BENCHMARK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$540.33
4/15/2017	\$540.33
5/15/2017	\$540.33
6/15/2017	\$540.33
7/15/2017	\$540.33
8/15/2017	\$540.33
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,241.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41394-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-41394-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41416	STATEWIDE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41424	PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
8/15/2017	\$0.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$0.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41424-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-41424-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 3 vehicles covered during 7/1/2016 to 12/31/2016		\$1.50
Auto Theft Authority Assessment for 230 vehicles covered during 1/1/2017 to 6/30/2017		\$115.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	41459	ARMED FORCES INSURANCE EXCHANGE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,305.92
4/15/2017	\$4,305.92
5/15/2017	\$4,305.92
6/15/2017	\$4,305.92
7/15/2017	\$4,305.92
8/15/2017	\$4,305.92
TOTAL INSTALLMENTS PAID IN 2017:	
	\$25,835.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41483	FARMINGTON CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-41483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41491	GEICO CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$772,821.53
4/15/2017	\$772,821.53
5/15/2017	\$772,821.53
6/15/2017	\$772,821.53
7/15/2017	\$772,821.53
8/15/2017	\$772,821.53
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,636,929.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41491-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 573,138 vehicles covered during 7/1/2016 to 12/31/2016		\$286,569.00
Auto Theft Authority Assessment for 638,010 vehicles covered during 1/1/2017 to 6/30/2017		\$319,005.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41513	FOREMOST SIGNATURE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,046.91
4/15/2017	\$4,046.91
5/15/2017	\$4,046.91
6/15/2017	\$4,046.91
7/15/2017	\$4,046.91
8/15/2017	\$4,046.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$24,281.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-41513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-41513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 69 vehicles covered during 7/1/2016 to 12/31/2016		\$34.50
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2017 to 6/30/2017		\$27.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41580	RED SHIELD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41629	NEW ENGLAND REINSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41653	MILBANK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$41,108.09
4/15/2017	\$41,108.09
5/15/2017	\$41,108.09
6/15/2017	\$41,108.09
7/15/2017	\$41,108.09
8/15/2017	\$41,108.09
TOTAL INSTALLMENTS PAID IN 2017:	
	\$246,648.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41653-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-41653-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 8,699 vehicles covered during 7/1/2016 to 12/31/2016		\$4,349.50
Auto Theft Authority Assessment for 9,258 vehicles covered during 1/1/2017 to 6/30/2017		\$4,629.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41750	TRAVELERS CONSTITUTION STATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41750-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41769	TRAVELERS CASUALTY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41769-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41785	COLORADO CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,470.60
4/15/2017	\$5,470.60
5/15/2017	\$5,470.60
6/15/2017	\$5,470.60
7/15/2017	\$5,470.60
8/15/2017	\$5,470.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$32,823.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 339 vehicles covered during 7/1/2016 to 12/31/2016		\$169.50
Auto Theft Authority Assessment for 250 vehicles covered during 1/1/2017 to 6/30/2017		\$125.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41840	ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$7,573.44	
4/15/2017	\$7,573.44	
5/15/2017	\$7,573.44	
6/15/2017	\$7,573.44	
7/15/2017	\$7,573.44	
8/15/2017	\$7,573.44	
TOTAL INSTALLMENTS PAID IN 2017:		\$45,440.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-41840-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-41840-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 2,413 vehicles covered during 7/1/2016 to 12/31/2016		\$1,206.50
Auto Theft Authority Assessment for 2,174 vehicles covered during 1/1/2017 to 6/30/2017		\$1,087.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	41998	AMERICAN SOUTHERN HOME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$990.48
4/15/2017	\$990.48
5/15/2017	\$990.48
6/15/2017	\$990.48
7/15/2017	\$990.48
8/15/2017	\$990.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,942.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-41998-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 77 vehicles covered during 7/1/2016 to 12/31/2016		\$38.50
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2017 to 6/30/2017		\$21.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42048	DIAMOND STATE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,781.79
4/15/2017	\$35,781.79
5/15/2017	\$35,781.79
6/15/2017	\$35,781.79
7/15/2017	\$35,781.79
8/15/2017	\$35,781.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$214,690.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42048-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-42048-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2017 to 6/30/2017		\$0.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42129	UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$57.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-42129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42226	PRINCETON INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-42226-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-42226-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42234	MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42234-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42242	MOUNTAINPOINT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Auto Theft Authority Assessment for 85 vehicles covered during 1/1/2017 to 6/30/2017	\$42.50
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42307	NAVIGATORS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$30,738.67
4/15/2017	\$30,738.67
5/15/2017	\$30,738.67
6/15/2017	\$30,738.67
7/15/2017	\$30,738.67
8/15/2017	\$30,738.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$184,432.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42307-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-42307-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 56 vehicles covered during 7/1/2016 to 12/31/2016		\$28.00
Auto Theft Authority Assessment for 125 vehicles covered during 1/1/2017 to 6/30/2017		\$62.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42331	GUIDEONE AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$387.59	
4/15/2017	\$387.59	
5/15/2017	\$387.59	
6/15/2017	\$387.59	
7/15/2017	\$387.59	
8/15/2017	\$387.59	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,325.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42374	HOUSTON CASUALTY COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42376	TECHNOLOGY INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$6,390.02	
4/15/2017	\$6,390.02	
5/15/2017	\$6,390.02	
6/15/2017	\$6,390.02	
7/15/2017	\$6,390.02	
8/15/2017	\$6,390.02	
TOTAL INSTALLMENTS PAID IN 2017:		\$38,340.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42376-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 818 vehicles covered during 7/1/2016 to 12/31/2016		\$409.00
Auto Theft Authority Assessment for 911 vehicles covered during 1/1/2017 to 6/30/2017		\$455.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42390	AMGUARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,663.47
4/15/2017	\$1,663.47
5/15/2017	\$1,663.47
6/15/2017	\$1,663.47
7/15/2017	\$1,663.47
8/15/2017	\$1,663.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,980.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-42390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42404	LIBERTY INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$196,527.37
4/15/2017	\$196,527.37
5/15/2017	\$196,527.37
6/15/2017	\$196,527.37
7/15/2017	\$196,527.37
8/15/2017	\$196,527.37
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,179,164.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 1,793 vehicles covered during 7/1/2016 to 12/31/2016		\$896.50
Auto Theft Authority Assessment for 1,023 vehicles covered during 1/1/2017 to 6/30/2017		\$511.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42439	TOA REINSURANCE COMPANY OF AMERICA, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42447	NATIONAL GENERAL ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,917.85
4/15/2017	\$10,917.85
5/15/2017	\$10,917.85
6/15/2017	\$10,917.85
7/15/2017	\$10,917.85
8/15/2017	\$10,917.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$65,507.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42447-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 62,468 vehicles covered during 7/1/2016 to 12/31/2016		\$31,234.00
Auto Theft Authority Assessment for 63,613 vehicles covered during 1/1/2017 to 6/30/2017		\$31,806.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42552	NOVA CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,594.43
4/15/2017	\$5,594.43
5/15/2017	\$5,594.43
6/15/2017	\$5,594.43
7/15/2017	\$5,594.43
8/15/2017	\$5,594.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,566.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-42552-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-42552-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 816 vehicles covered during 7/1/2016 to 12/31/2016		\$408.00
Auto Theft Authority Assessment for 594 vehicles covered during 1/1/2017 to 6/30/2017		\$297.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42579	ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,065.00
4/15/2017	\$28,065.00
5/15/2017	\$28,065.00
6/15/2017	\$28,065.00
7/15/2017	\$28,065.00
8/15/2017	\$28,065.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$168,390.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42579-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 7,271 vehicles covered during 7/1/2016 to 12/31/2016		\$3,635.50
Auto Theft Authority Assessment for 6,585 vehicles covered during 1/1/2017 to 6/30/2017		\$3,292.50

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42587	DEPOSITORS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$59,088.63
4/15/2017	\$59,088.63
5/15/2017	\$59,088.63
6/15/2017	\$59,088.63
7/15/2017	\$59,088.63
8/15/2017	\$59,088.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$354,531.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42587-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 6,596 vehicles covered during 7/1/2016 to 12/31/2016		\$3,298.00
Auto Theft Authority Assessment for 5,733 vehicles covered during 1/1/2017 to 6/30/2017		\$2,866.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42609	AFFIRMATIVE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42668	VESTA INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42706	ROCHE SURETY AND CASUALTY COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42706-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42722	AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-42722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-42722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 117 vehicles covered during 1/1/2017 to 6/30/2017		\$58.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42749	TRADERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42749-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42757	AGRI GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,499.70
4/15/2017	\$3,499.70
5/15/2017	\$3,499.70
6/15/2017	\$3,499.70
7/15/2017	\$3,499.70
8/15/2017	\$3,499.70
TOTAL INSTALLMENTS PAID IN 2017:	
	\$20,998.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42757-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42765	CENTURION CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-42765-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-42765-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42803	GUIDEONE ELITE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,587.68
4/15/2017	\$1,587.68
5/15/2017	\$1,587.68
6/15/2017	\$1,587.68
7/15/2017	\$1,587.68
8/15/2017	\$1,587.68
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,526.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42803-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42889	VICTORIA FIRE & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42889-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2016 to 12/31/2016		\$13.00
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2017 to 6/30/2017		\$9.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42897	AMERICAN SERVICE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,246.94
4/15/2017	\$1,246.94
5/15/2017	\$1,246.94
6/15/2017	\$1,246.94
6/15/2017	\$0.00
7/15/2017	\$1,246.94
8/15/2017	\$1,246.94
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,481.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42897-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 194 vehicles covered during 7/1/2016 to 12/31/2016		\$97.00
Auto Theft Authority Assessment for 261 vehicles covered during 1/1/2017 to 6/30/2017		\$130.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42919	PROGRESSIVE NORTHWESTERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 287 vehicles covered during 7/1/2016 to 12/31/2016		\$143.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42978	AMERICAN SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,452.28
4/15/2017	\$5,452.28
5/15/2017	\$5,452.28
6/15/2017	\$5,452.28
7/15/2017	\$5,452.28
8/15/2017	\$5,452.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$32,713.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$89.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-42978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-42978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42986	STANDARD GUARANTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$33,823.77
4/15/2017	\$33,823.77
5/15/2017	\$33,823.77
6/15/2017	\$33,823.77
7/15/2017	\$33,823.77
8/15/2017	\$33,823.77
TOTAL INSTALLMENTS PAID IN 2017:	
	\$202,942.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42986-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-42986-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	42994	PROGRESSIVE CLASSIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-42994-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2016 to 12/31/2016		\$4.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43028	AMERICAN LENDERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43044	RESPONSE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$887.00	
4/15/2017	\$887.00	
5/15/2017	\$887.00	
6/15/2017	\$887.00	
7/15/2017	\$887.00	
8/15/2017	\$887.00	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,322.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-43044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 223 vehicles covered during 7/1/2016 to 12/31/2016		\$111.50
Auto Theft Authority Assessment for 237 vehicles covered during 1/1/2017 to 6/30/2017		\$118.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43117	AMERICAN EQUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43265	GRAMERCY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43460	ASPEN AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,465.08
4/15/2017	\$7,465.08
5/15/2017	\$7,465.08
6/15/2017	\$7,465.08
7/15/2017	\$7,465.08
8/15/2017	\$7,465.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$44,790.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-43460-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-43460-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2016 to 12/31/2016		\$0.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2017 to 6/30/2017		\$0.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43494	AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$44,650.97	
4/15/2017	\$44,650.97	
5/15/2017	\$44,650.97	
6/15/2017	\$44,650.97	
7/15/2017	\$44,650.97	
8/15/2017	\$44,650.97	
TOTAL INSTALLMENTS PAID IN 2017:		\$267,905.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-43494-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 39,136 vehicles covered during 7/1/2016 to 12/31/2016		\$19,568.00
Auto Theft Authority Assessment for 42,636 vehicles covered during 1/1/2017 to 6/30/2017		\$21,318.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43575	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,900.11	
4/15/2017	\$4,900.11	
5/15/2017	\$4,900.11	
6/15/2017	\$4,900.11	
7/15/2017	\$4,900.11	
8/15/2017	\$4,900.11	
TOTAL INSTALLMENTS PAID IN 2017:		\$29,400.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-43575-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-43575-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
Auto Theft Authority Assessment for 94 vehicles covered during 7/1/2016 to 12/31/2016		\$47.00
Auto Theft Authority Assessment for 270 vehicles covered during 1/1/2017 to 6/30/2017		\$135.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43699	FARMERS SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-43699-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43753	REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-43753-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43770	CLINIC MUTUAL INSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43915	RAINIER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	43966	DOCTORS INSURANCE RECIPROCAL (RISK RETENTION GROUP)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

1237

web site: insurance.az.gov

NAIC / Name	43974	21ST CENTURY INDEMNITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$833.16	
4/15/2017	\$833.16	
5/15/2017	\$833.16	
6/15/2017	\$833.16	
7/15/2017	\$833.16	
8/15/2017	\$833.16	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,998.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-43974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-43974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 288 vehicles covered during 7/1/2016 to 12/31/2016		\$144.00
Auto Theft Authority Assessment for 244 vehicles covered during 1/1/2017 to 6/30/2017		\$122.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44016	NATIONAL HOME INS. CO., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44075	STATES SELF-INSURERS RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44083	PREFERRED PHYSICIANS MEDICAL RRG, A MUTUAL INS CO
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,285.66
4/15/2017	\$20,285.66
5/15/2017	\$20,285.66
6/15/2017	\$20,285.66
7/15/2017	\$20,285.66
8/15/2017	\$20,285.66
TOTAL INSTALLMENTS PAID IN 2017:	
	\$121,713.96

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44105	OPHTHALMIC MUTUAL INS. CO., RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,002.29
4/15/2017	\$5,002.29
5/15/2017	\$5,002.29
6/15/2017	\$5,002.29
7/15/2017	\$5,002.29
8/15/2017	\$5,002.29
TOTAL INSTALLMENTS PAID IN 2017:	
	\$30,013.74

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44121	OMS NATIONAL INSURANCE COMPANY, RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,775.76
4/15/2017	\$3,775.76
5/15/2017	\$3,775.76
6/15/2017	\$3,775.76
7/15/2017	\$3,775.76
8/15/2017	\$3,775.76
TOTAL INSTALLMENTS PAID IN 2017:	
	\$22,654.56

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44130	PARATRANSIT INSURANCE COMPANY, A MUTUAL RISK RETENTION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44148	ARCHITECTS & ENGINEERS INSURANCE COMPANY, INC., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	44172	SENIOR CITIZENS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44237	MENTAL HEALTH RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,143.65
4/15/2017	\$1,143.65
5/15/2017	\$1,143.65
6/15/2017	\$1,143.65
7/15/2017	\$1,143.65
8/15/2017	\$1,143.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,861.90

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44318	ADMIRAL INDEMNITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-44318-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44369	IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-44369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2016 to 12/31/2016		\$4.50
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2017 to 6/30/2017		\$2.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44393	WEST AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$5,334.41	
4/15/2017	\$5,334.41	
5/15/2017	\$5,334.41	
6/15/2017	\$5,334.41	
7/15/2017	\$5,334.41	
8/15/2017	\$5,334.41	
TOTAL INSTALLMENTS PAID IN 2017:		\$32,006.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-44393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 228 vehicles covered during 7/1/2016 to 12/31/2016		\$114.00
Auto Theft Authority Assessment for 282 vehicles covered during 1/1/2017 to 6/30/2017		\$141.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44695	PROGRESSIVE PALOVERDE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-44695-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
Auto Theft Authority Assessment for 180 vehicles covered during 7/1/2016 to 12/31/2016		\$90.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	44768	VANTAPRO SPECIALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-44768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-44768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	45934	AMERICAN COMPENSATION INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-45934-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	47012	SIGHTCARE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 55:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,614.43
4/15/2017	\$1,614.43
5/15/2017	\$1,614.43
6/15/2017	\$1,614.43
7/15/2017	\$1,614.43
8/15/2017	\$1,614.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,686.58

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1254

web site: insurance.az.gov

NAIC / Name	47013	CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$41,225.69
4/15/2017	\$41,225.69
5/15/2017	\$41,225.69
6/15/2017	\$41,225.69
7/15/2017	\$41,225.69
8/15/2017	\$41,225.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$247,354.14

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1255

web site: insurance.az.gov

NAIC / Name	47708	UNITED DENTAL CARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,968.80
4/15/2017	\$13,968.80
5/15/2017	\$13,968.80
6/15/2017	\$13,968.80
7/15/2017	\$13,968.80
8/15/2017	\$13,968.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$83,812.80

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1256

web site: insurance.az.gov

NAIC / Name	50016	TITLE RESOURCES GUARANTY COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50016-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

1257

web site: insurance.az.gov

NAIC / Name	50020	DAKOTA HOMESTEAD TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1258

web site: insurance.az.gov

NAIC / Name	50026	PREMIER LAND TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50026-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1259

web site: insurance.az.gov

NAIC / Name	50050	WESTCOR LAND TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50050-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1260

web site: insurance.az.gov

NAIC / Name	50083	COMMONWEALTH LAND TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1261

web site: insurance.az.gov

NAIC / Name	50121	STEWART TITLE GUARANTY COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50121-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1262

web site: insurance.az.gov

NAIC / Name	50130	NORTH AMERICAN TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1263

web site: insurance.az.gov

NAIC / Name	50229	CHICAGO TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50229-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1264

web site: insurance.az.gov

NAIC / Name	50369	INVESTORS TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1265

web site: insurance.az.gov

NAIC / Name	50440	REAL ADVANTAGE TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1266

web site: insurance.az.gov

NAIC / Name	50520	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50520-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1267

web site: insurance.az.gov

NAIC / Name	50814	FIRST AMERICAN TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-50814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1268

web site: insurance.az.gov

NAIC / Name	51020	NATIONAL TITLE INSURANCE OF NEW YORK INC.
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1269

web site: insurance.az.gov

NAIC / Name	51152	WFG NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1270

web site: insurance.az.gov

NAIC / Name	51411	AMERICAN GUARANTY TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51411-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1271

web site: insurance.az.gov

NAIC / Name	51578	AMTRUST TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1272

web site: insurance.az.gov

NAIC / Name	51586	FIDELITY NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51586-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1273

web site: insurance.az.gov

NAIC / Name	51624	FIRST AMERICAN TITLE GUARANTY COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51624-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1274

web site: insurance.az.gov

NAIC / Name	51632	ENTITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-51632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1275

web site: insurance.az.gov

NAIC / Name	52120	TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,577.42
4/15/2017	\$23,577.42
5/15/2017	\$23,577.42
6/15/2017	\$23,577.42
7/15/2017	\$23,577.42
8/15/2017	\$23,577.42
TOTAL INSTALLMENTS PAID IN 2017:	
	\$141,464.52

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1276

web site: insurance.az.gov

NAIC / Name	53090	EMPLOYERS DENTAL SERVICES, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$27,937.82
4/15/2017	\$27,937.82
5/15/2017	\$27,937.82
6/15/2017	\$27,937.82
7/15/2017	\$27,937.82
8/15/2017	\$27,937.82
TOTAL INSTALLMENTS PAID IN 2017:	
	\$167,626.92

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	53589	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 55:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,784,705.49
4/15/2017	\$2,784,705.49
5/15/2017	\$2,784,705.49
6/15/2017	\$2,784,705.49
7/15/2017	\$2,784,705.49
8/15/2017	\$2,784,705.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,708,232.94

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	53597	ARIZONA DENTAL INSURANCE SERVICE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 55:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$159,533.57
4/15/2017	\$159,533.57
5/15/2017	\$159,533.57
6/15/2017	\$159,533.57
7/15/2017	\$159,533.57
8/15/2017	\$159,533.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$957,201.42

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56006	TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56006-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56014	THRIVENT FINANCIAL FOR LUTHERANS
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56030	CATHOLIC FINANCIAL LIFE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56030-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56073	NATIONAL MUTUAL BENEFIT
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56073-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56154	GLENER LIFE INSURANCE SOCIETY
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56154-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1284

web site: insurance.az.gov

NAIC / Name	56170	WOMAN'S LIFE INSURANCE SOCIETY
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56170-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1285

web site: insurance.az.gov

NAIC / Name	56227	KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56227-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1286

web site: insurance.az.gov

NAIC / Name	56332	FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56332-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	56340	FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56340-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1288

web site: insurance.az.gov

NAIC / Name	56383	ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56499	ASSURED LIFE ASSOCIATION
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56499-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1290

web site: insurance.az.gov

NAIC / Name	56634	CROATIAN FRATERNAL UNION OF AMERICA
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56693	GCU
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	56707	ISDA FRATERNAL ASSOCIATION
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56707-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	56758	LOYAL CHRISTIAN BENEFIT ASSOCIATION
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56758-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	56782	NATIONAL SLOVAK SOCIETY OF THE USA, THE
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56782-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56936	SERB NATIONAL FEDERATION
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-56936-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57142	SONS OF NORWAY
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57223	BAPTIST LIFE ASSOCIATION
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57320	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57320-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57347	CATHOLIC LIFE INSURANCE
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57347-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57487	CATHOLIC ORDER OF FORESTERS
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57541	MODERN WOODMEN OF AMERICA
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57541-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57622	POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57630	POLISH ROMAN CATHOLIC UNION OF AMERICA
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57630-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57657	ROYAL NEIGHBORS OF AMERICA
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57673	SLOVENE NATIONAL BENEFIT SOCIETY
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57673-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	57991	EVERENCE ASSOCIATION, INC.
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-57991-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	58033	KNIGHTS OF COLUMBUS
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-58033-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	58068	INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-58068-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	58181	SUPREME COUNCIL OF THE ROYAL ARCANUM
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-58181-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60003	PARK AVENUE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60003-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60003-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60052	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60054	AETNA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$873,518.69
4/15/2017	\$873,518.69
5/15/2017	\$873,518.69
6/15/2017	\$873,518.69
7/15/2017	\$873,518.69
8/15/2017	\$873,518.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,241,112.14

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$642,742.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60054-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60054-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60078	HALLMARK LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

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web site: insurance.az.gov

NAIC / Name	60117	TUFTS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60117-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60117-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60118	NORTH AMERICAN NATIONAL RE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	60142	TIAA-CREF LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,000.48
4/15/2017	\$24,000.48
5/15/2017	\$24,000.48
6/15/2017	\$24,000.48
7/15/2017	\$24,000.48
8/15/2017	\$24,000.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$144,002.88

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,908.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60142-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60142-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60176	SBLI USA LIFE INSURANCE COMPANY, INC.
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

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web site: insurance.az.gov

NAIC / Name	60183	S.USA LIFE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$12.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	60186	ALLSTATE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$24,133.67	
4/15/2017	\$24,133.67	
5/15/2017	\$24,133.67	
6/15/2017	\$24,133.67	
7/15/2017	\$24,133.67	
8/15/2017	\$24,133.67	
TOTAL INSTALLMENTS PAID IN 2017:		\$144,802.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,604.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60186-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60186-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60188	SUPERIOR VISION INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	60216	AMALGAMATED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$614.49
4/15/2017	\$614.49
5/15/2017	\$614.49
6/15/2017	\$614.49
7/15/2017	\$614.49
8/15/2017	\$614.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,686.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$33.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60216-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60216-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60232	LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$42.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60232-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	60237	PREMIER ACCESS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,829.15
4/15/2017	\$2,829.15
5/15/2017	\$2,829.15
6/15/2017	\$2,829.15
7/15/2017	\$2,829.15
8/15/2017	\$2,829.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,974.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,992.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60237-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60237-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60250	AMFIRST INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$49.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60275	AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,993.96
4/15/2017	\$1,993.96
5/15/2017	\$1,993.96
6/15/2017	\$1,993.96
7/15/2017	\$1,993.96
8/15/2017	\$1,993.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,963.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$881.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60275-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60275-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60348	ACE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60348-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60348-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	60380	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$218,688.65
4/15/2017	\$218,688.65
5/15/2017	\$218,688.65
6/15/2017	\$218,688.65
7/15/2017	\$218,688.65
8/15/2017	\$218,688.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,312,131.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$95,702.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60380-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60380-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60399	AMERICAN FAMILY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,305.61
4/15/2017	\$7,305.61
5/15/2017	\$7,305.61
6/15/2017	\$7,305.61
7/15/2017	\$7,305.61
8/15/2017	\$7,305.61
TOTAL INSTALLMENTS PAID IN 2017:	
	\$43,833.66

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$7,022.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60410	AMERICAN FIDELITY ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,368.71
4/15/2017	\$18,368.71
5/15/2017	\$18,368.71
6/15/2017	\$18,368.71
7/15/2017	\$18,368.71
8/15/2017	\$18,368.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$110,212.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,867.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60410-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60410-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60429	AMERICAN FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$482.49
4/15/2017	\$482.49
5/15/2017	\$482.49
6/15/2017	\$482.49
7/15/2017	\$482.49
8/15/2017	\$482.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,894.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$102.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60429-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60429-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60445	SAGICOR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,596.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60445-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60445-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60488	AMERICAN GENERAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$110,811.26
4/15/2017	\$110,811.26
5/15/2017	\$110,811.26
6/15/2017	\$110,811.26
7/15/2017	\$110,811.26
8/15/2017	\$110,811.26
TOTAL INSTALLMENTS PAID IN 2017:	
	\$664,867.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$99,756.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60488-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60488-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	60518	AMERICAN HEALTH AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,191.36	
4/15/2017	\$4,191.36	
5/15/2017	\$4,191.36	
6/15/2017	\$4,191.36	
7/15/2017	\$4,191.36	
8/15/2017	\$4,191.36	
TOTAL INSTALLMENTS PAID IN 2017:		\$25,148.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,559.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60518-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60518-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60534	AMERICAN HERITAGE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$36,353.57
4/15/2017	\$36,353.57
5/15/2017	\$36,353.57
6/15/2017	\$36,353.57
7/15/2017	\$36,353.57
8/15/2017	\$36,353.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$218,121.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,925.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60534-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60534-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60542	AMERICAN HOME LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,238.71
4/15/2017	\$1,238.71
5/15/2017	\$1,238.71
6/15/2017	\$1,238.71
7/15/2017	\$1,238.71
8/15/2017	\$1,238.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,432.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$151.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60542-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60542-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60577	AMERICAN INCOME LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$32,175.34
4/15/2017	\$32,175.34
5/15/2017	\$32,175.34
6/15/2017	\$32,175.34
7/15/2017	\$32,175.34
8/15/2017	\$32,175.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$193,052.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,229.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60577-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60577-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60593	NATIONAL STATES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	60704	WILTON REASSURANCE LIFE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$823.50	
4/15/2017	\$823.50	
5/15/2017	\$823.50	
6/15/2017	\$823.50	
7/15/2017	\$823.50	
8/15/2017	\$823.50	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,941.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$88.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60704-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60704-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	60739	AMERICAN NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,054.74
4/15/2017	\$35,054.74
5/15/2017	\$35,054.74
6/15/2017	\$35,054.74
7/15/2017	\$35,054.74
8/15/2017	\$35,054.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$210,328.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,609.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60739-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60739-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60801	AMERICAN PUBLIC LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,347.73
4/15/2017	\$3,347.73
5/15/2017	\$3,347.73
6/15/2017	\$3,347.73
7/15/2017	\$3,347.73
8/15/2017	\$3,347.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$20,086.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,745.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60801-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60801-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60836	AMERICAN REPUBLIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$22,439.13
4/15/2017	\$22,439.13
5/15/2017	\$22,439.13
6/15/2017	\$22,439.13
7/15/2017	\$22,439.13
8/15/2017	\$22,439.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$134,634.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$11,013.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60836-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60836-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	60895	AMERICAN UNITED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,480.45
4/15/2017	\$24,480.45
5/15/2017	\$24,480.45
6/15/2017	\$24,480.45
7/15/2017	\$24,480.45
8/15/2017	\$24,480.45
TOTAL INSTALLMENTS PAID IN 2017:	
	\$146,882.70

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,762.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-60895-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-60895-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	60984	COMPBENEFITS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$11.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-60984-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-60984-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61069	ANTHEM LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,190.85
4/15/2017	\$1,190.85
5/15/2017	\$1,190.85
6/15/2017	\$1,190.85
7/15/2017	\$1,190.85
8/15/2017	\$1,190.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,145.10

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$308.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61069-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61069-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61115	ATLANTIC COAST LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61115-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	61182	AURORA NATIONAL LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,239.26
4/15/2017	\$1,239.26
5/15/2017	\$1,239.26
6/15/2017	\$1,239.26
7/15/2017	\$1,239.26
8/15/2017	\$1,239.26
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,435.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$134.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61182-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61182-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61190	AUTO-OWNERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,789.10
4/15/2017	\$4,789.10
5/15/2017	\$4,789.10
6/15/2017	\$4,789.10
7/15/2017	\$4,789.10
8/15/2017	\$4,789.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,734.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,214.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61190-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61190-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61212	BALTIMORE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,350.48
4/15/2017	\$4,350.48
5/15/2017	\$4,350.48
6/15/2017	\$4,350.48
7/15/2017	\$4,350.48
8/15/2017	\$4,350.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$26,102.88

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$639.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61239	BANKERS FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,558.44
4/15/2017	\$5,558.44
5/15/2017	\$5,558.44
6/15/2017	\$5,558.44
7/15/2017	\$5,558.44
8/15/2017	\$5,558.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,350.64

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,172.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61239-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61239-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61263	BANKERS LIFE AND CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$24,656.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61263-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61263-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	61271	PRINCIPAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$153,268.99
4/15/2017	\$153,268.99
5/15/2017	\$153,268.99
6/15/2017	\$153,268.99
7/15/2017	\$153,268.99
8/15/2017	\$153,268.99
TOTAL INSTALLMENTS PAID IN 2017:	
	\$919,613.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$68,536.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61271-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61271-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	61301	AMERITAS LIFE INSURANCE CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$80,205.02
4/15/2017	\$80,205.02
5/15/2017	\$80,205.02
6/15/2017	\$80,205.02
7/15/2017	\$80,205.02
8/15/2017	\$80,205.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$481,230.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$26,059.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61301-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61301-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61360	RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,725.43
4/15/2017	\$3,725.43
5/15/2017	\$3,725.43
6/15/2017	\$3,725.43
7/15/2017	\$3,725.43
8/15/2017	\$3,725.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$22,352.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$413.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61360-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61360-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61395	BENEFICIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$10,646.43	
4/15/2017	\$10,646.43	
5/15/2017	\$10,646.43	
6/15/2017	\$10,646.43	
7/15/2017	\$10,646.43	
8/15/2017	\$10,646.43	
TOTAL INSTALLMENTS PAID IN 2017:		\$63,878.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,173.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61395-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61395-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61409	NATIONAL BENEFIT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,115.91
4/15/2017	\$1,115.91
5/15/2017	\$1,115.91
6/15/2017	\$1,115.91
7/15/2017	\$1,115.91
8/15/2017	\$1,115.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,695.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$130.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61409-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61409-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	61425	TRUSTMARK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$21,970.63	
4/15/2017	\$21,970.63	
5/15/2017	\$21,970.63	
6/15/2017	\$21,970.63	
7/15/2017	\$21,970.63	
8/15/2017	\$21,970.63	
TOTAL INSTALLMENTS PAID IN 2017:		\$131,823.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,708.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61425-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61425-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61476	BOSTON MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,066.74
4/15/2017	\$1,066.74
5/15/2017	\$1,066.74
6/15/2017	\$1,066.74
7/15/2017	\$1,066.74
8/15/2017	\$1,066.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,400.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$220.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61476-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61476-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61492	ATHENE ANNUITY & LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,263.02
4/15/2017	\$5,263.02
5/15/2017	\$5,263.02
6/15/2017	\$5,263.02
7/15/2017	\$5,263.02
8/15/2017	\$5,263.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$31,578.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,758.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61492-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61492-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61506	RESOURCE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61581	CAPITOL LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61689	ATHENE ANNUITY AND LIFE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,754.84
4/15/2017	\$4,754.84
5/15/2017	\$4,754.84
6/15/2017	\$4,754.84
7/15/2017	\$4,754.84
8/15/2017	\$4,754.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,529.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$37,706.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61689-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61689-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61700	RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,198.18
4/15/2017	\$5,198.18
5/15/2017	\$5,198.18
6/15/2017	\$5,198.18
7/15/2017	\$5,198.18
8/15/2017	\$5,198.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$31,189.08

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,176.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61727	CENTRAL RESERVE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$32.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61727-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61727-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	61735	CENTRAL SECURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61735-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61735-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61751	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$459.81
4/15/2017	\$459.81
5/15/2017	\$459.81
6/15/2017	\$459.81
7/15/2017	\$459.81
8/15/2017	\$459.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,758.86

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$152.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61751-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61751-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	61832	CHESAPEAKE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,162.16
4/15/2017	\$17,162.16
5/15/2017	\$17,162.16
6/15/2017	\$17,162.16
7/15/2017	\$17,162.16
8/15/2017	\$17,162.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$102,972.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,835.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61832-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61832-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61859	CHRISTIAN FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$112.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61859-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61859-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61875	CHURCH LIFE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$706.02	
4/15/2017	\$706.02	
5/15/2017	\$706.02	
6/15/2017	\$706.02	
7/15/2017	\$706.02	
8/15/2017	\$706.02	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,236.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$146.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-61875-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-61875-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61883	MANHATTANLIFE ASSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,289.53
4/15/2017	\$2,289.53
5/15/2017	\$2,289.53
6/15/2017	\$2,289.53
7/15/2017	\$2,289.53
8/15/2017	\$2,289.53
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,737.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$785.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61883-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61883-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61913	EXECUTIVE LIFE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61921	CITIZENS SECURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61921-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61921-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	61999	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,707.85
4/15/2017	\$8,707.85
5/15/2017	\$8,707.85
6/15/2017	\$8,707.85
7/15/2017	\$8,707.85
8/15/2017	\$8,707.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$52,247.10

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,714.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-61999-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-61999-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62049	COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$66,721.78
4/15/2017	\$66,721.78
5/15/2017	\$66,721.78
6/15/2017	\$66,721.78
7/15/2017	\$66,721.78
8/15/2017	\$66,721.78
TOTAL INSTALLMENTS PAID IN 2017:	
	\$400,330.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$25,016.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62049-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62049-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	62057	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$433.52	
4/15/2017	\$433.52	
5/15/2017	\$433.52	
6/15/2017	\$433.52	
7/15/2017	\$433.52	
8/15/2017	\$433.52	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,601.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$123.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	62065	COLONIAL PENN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$26,142.54
4/15/2017	\$26,142.54
5/15/2017	\$26,142.54
6/15/2017	\$26,142.54
7/15/2017	\$26,142.54
8/15/2017	\$26,142.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$156,855.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,905.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	62103	COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,840.56
4/15/2017	\$3,840.56
5/15/2017	\$3,840.56
6/15/2017	\$3,840.56
7/15/2017	\$3,840.56
8/15/2017	\$3,840.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,043.36

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,110.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62103-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62103-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	62146	COMBINED INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,457.55
4/15/2017	\$9,457.55
5/15/2017	\$9,457.55
6/15/2017	\$9,457.55
7/15/2017	\$9,457.55
8/15/2017	\$9,457.55
TOTAL INSTALLMENTS PAID IN 2017:	
	\$56,745.30

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,338.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62146-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62146-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	62154	FREMONT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	62200	ACCORDIA LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,974.89
4/15/2017	\$35,974.89
5/15/2017	\$35,974.89
6/15/2017	\$35,974.89
7/15/2017	\$35,974.89
8/15/2017	\$35,974.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$215,849.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,007.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62200-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62200-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62235	UNUM LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ME	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$197,746.20
4/15/2017	\$197,746.20
5/15/2017	\$197,746.20
6/15/2017	\$197,746.20
7/15/2017	\$197,746.20
8/15/2017	\$197,746.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,186,477.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$69,483.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62235-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62235-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	62286	GOLDEN RULE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$288,875.31
4/15/2017	\$288,875.31
5/15/2017	\$288,875.31
6/15/2017	\$288,875.31
7/15/2017	\$288,875.31
8/15/2017	\$288,875.31
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,733,251.86

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$158,310.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	62294	UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

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web site: insurance.az.gov

NAIC / Name	62308	CONNECTICUT GENERAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,217.20
4/15/2017	\$17,217.20
5/15/2017	\$17,217.20
6/15/2017	\$17,217.20
7/15/2017	\$17,217.20
8/15/2017	\$17,217.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$103,303.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$9,468.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62308-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62308-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	62324	FREEDOM LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$33,873.93
4/15/2017	\$33,873.93
5/15/2017	\$33,873.93
6/15/2017	\$33,873.93
7/15/2017	\$33,873.93
8/15/2017	\$33,873.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$203,243.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,242.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62324-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62324-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	62332	WESTPORT LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

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web site: insurance.az.gov

NAIC / Name	62345	BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	62359	CONSTITUTION LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,597.65
4/15/2017	\$1,597.65
5/15/2017	\$1,597.65
6/15/2017	\$1,597.65
7/15/2017	\$1,597.65
8/15/2017	\$1,597.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,585.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$509.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62359-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62359-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62375	CONSUMERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62375-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62375-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	62383	CENTURION LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62383-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62383-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	62413	WILCAC LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$809.74
4/15/2017	\$809.74
5/15/2017	\$809.74
6/15/2017	\$809.74
7/15/2017	\$809.74
8/15/2017	\$809.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,858.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$109.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	62510	EQUITRUST LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$27,725.24
4/15/2017	\$27,725.24
5/15/2017	\$27,725.24
6/15/2017	\$27,725.24
7/15/2017	\$27,725.24
8/15/2017	\$27,725.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$166,351.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$17,624.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62510-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	62553	COUNTRY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$43,472.47	
4/15/2017	\$43,472.47	
5/15/2017	\$43,472.47	
6/15/2017	\$43,472.47	
7/15/2017	\$43,472.47	
8/15/2017	\$43,472.47	
TOTAL INSTALLMENTS PAID IN 2017:		\$260,834.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,706.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62553-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62553-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62596	UNION FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,226.89
4/15/2017	\$2,226.89
5/15/2017	\$2,226.89
6/15/2017	\$2,226.89
7/15/2017	\$2,226.89
8/15/2017	\$2,226.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,361.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$871.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	62626	CMFG LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$38,027.41
4/15/2017	\$38,027.41
5/15/2017	\$38,027.41
6/15/2017	\$38,027.41
7/15/2017	\$38,027.41
8/15/2017	\$38,027.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$228,164.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$9,720.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62634	DELAWARE AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$35.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62634-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62634-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62790	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62790-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62790-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	62863	TRUSTMARK LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$16,677.13	
4/15/2017	\$16,677.13	
5/15/2017	\$16,677.13	
6/15/2017	\$16,677.13	
7/15/2017	\$16,677.13	
8/15/2017	\$16,677.13	
TOTAL INSTALLMENTS PAID IN 2017:		\$100,062.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,468.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62863-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62863-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	62880	AXA EQUITABLE LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$356.01	
4/15/2017	\$356.01	
5/15/2017	\$356.01	
6/15/2017	\$356.01	
7/15/2017	\$356.01	
8/15/2017	\$356.01	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,136.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$38.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	62928	EMC NATIONAL LIFE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,882.38
4/15/2017	\$1,882.38
5/15/2017	\$1,882.38
6/15/2017	\$1,882.38
7/15/2017	\$1,882.38
8/15/2017	\$1,882.38
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,294.28

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$257.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-62928-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-62928-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	62944	AXA EQUITABLE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$62,920.26
4/15/2017	\$62,920.26
5/15/2017	\$62,920.26
6/15/2017	\$62,920.26
7/15/2017	\$62,920.26
8/15/2017	\$62,920.26
TOTAL INSTALLMENTS PAID IN 2017:	
	\$377,521.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14,929.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62944-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62944-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	62952	EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,191.00
4/15/2017	\$23,191.00
5/15/2017	\$23,191.00
6/15/2017	\$23,191.00
7/15/2017	\$23,191.00
8/15/2017	\$23,191.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$139,146.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,415.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-62952-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-62952-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	63010	EXECUTIVE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	63053	FAMILY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,083.17
4/15/2017	\$3,083.17
5/15/2017	\$3,083.17
6/15/2017	\$3,083.17
7/15/2017	\$3,083.17
8/15/2017	\$3,083.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,499.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$959.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63053-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63053-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63088	FARM BUREAU LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$35,359.80	
4/15/2017	\$35,359.80	
5/15/2017	\$35,359.80	
6/15/2017	\$35,359.80	
7/15/2017	\$35,359.80	
8/15/2017	\$35,359.80	
TOTAL INSTALLMENTS PAID IN 2017:		\$212,158.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$7,470.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63088-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63088-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63169	SOMERSET LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

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web site: insurance.az.gov

NAIC / Name	63177	FARMERS NEW WORLD LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$115,628.71
4/15/2017	\$115,628.71
5/15/2017	\$115,628.71
6/15/2017	\$115,628.71
7/15/2017	\$115,628.71
8/15/2017	\$115,628.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$693,772.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$12,159.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-63177-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-63177-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	63223	FEDERAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$853.49
4/15/2017	\$853.49
5/15/2017	\$853.49
6/15/2017	\$853.49
7/15/2017	\$853.49
8/15/2017	\$853.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,120.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$98.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63223-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63223-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63258	FEDERATED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,559.92
4/15/2017	\$6,559.92
5/15/2017	\$6,559.92
6/15/2017	\$6,559.92
7/15/2017	\$6,559.92
8/15/2017	\$6,559.92
TOTAL INSTALLMENTS PAID IN 2017:	
	\$39,359.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$986.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-63258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-63258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63274	FIDELITY & GUARANTY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$26,695.02
4/15/2017	\$26,695.02
5/15/2017	\$26,695.02
6/15/2017	\$26,695.02
7/15/2017	\$26,695.02
8/15/2017	\$26,695.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$160,170.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$40,239.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63282	PENN TREATY NETWORK AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63290	FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,315.21
4/15/2017	\$8,315.21
5/15/2017	\$8,315.21
6/15/2017	\$8,315.21
7/15/2017	\$8,315.21
8/15/2017	\$8,315.21
TOTAL INSTALLMENTS PAID IN 2017:	
	\$49,891.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$914.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63290-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63290-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63312	GREAT AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,437.15
4/15/2017	\$2,437.15
5/15/2017	\$2,437.15
6/15/2017	\$2,437.15
7/15/2017	\$2,437.15
8/15/2017	\$2,437.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,622.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$12,087.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63312-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63312-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63347	NATIONAL PROTECTIVE LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63444	ACCENDO INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	63487	INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$487.28	
4/15/2017	\$487.28	
5/15/2017	\$487.28	
6/15/2017	\$487.28	
7/15/2017	\$487.28	
8/15/2017	\$487.28	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,923.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$59.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-63487-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-63487-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63495	FORESTERS LIFE INSURANCE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,239.24
4/15/2017	\$6,239.24
5/15/2017	\$6,239.24
6/15/2017	\$6,239.24
7/15/2017	\$6,239.24
8/15/2017	\$6,239.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$37,435.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$877.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63495-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63495-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63533	IMERICA LIFE AND HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63541	SEECHANGE HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63657	GARDEN STATE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$976.17
4/15/2017	\$976.17
5/15/2017	\$976.17
6/15/2017	\$976.17
7/15/2017	\$976.17
8/15/2017	\$976.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,857.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$109.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	63665	GENERAL AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,045.78
4/15/2017	\$17,045.78
5/15/2017	\$17,045.78
6/15/2017	\$17,045.78
7/15/2017	\$17,045.78
8/15/2017	\$17,045.78
TOTAL INSTALLMENTS PAID IN 2017:	
	\$102,274.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,159.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63665-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63665-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63762	MEDCO CONTAINMENT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63762-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63762-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	63819	UNITY FINANCIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$374.00	
4/15/2017	\$373.50	
5/15/2017	\$373.50	
6/15/2017	\$374.00	
7/15/2017	\$373.49	
8/15/2017	\$373.49	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,241.98

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$40.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63819-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	63924	GOLDEN STATE MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	63967	GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,865.99
4/15/2017	\$7,865.99
5/15/2017	\$7,865.99
6/15/2017	\$7,865.99
7/15/2017	\$7,865.99
8/15/2017	\$7,865.99
TOTAL INSTALLMENTS PAID IN 2017:	
	\$47,195.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,184.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63967-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63967-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	63983	UNITED HERITAGE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,485.40
4/15/2017	\$3,485.40
5/15/2017	\$3,485.40
6/15/2017	\$3,485.40
7/15/2017	\$3,485.40
8/15/2017	\$3,485.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$20,912.40

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$384.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-63983-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-63983-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64017	JEFFERSON NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$609.95
4/15/2017	\$609.95
5/15/2017	\$609.95
6/15/2017	\$609.95
7/15/2017	\$609.95
8/15/2017	\$609.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,659.70

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$209.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	64076	GREAT FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64076-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64076-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	64149	EPIC LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64149-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64149-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	64211	GUARANTEE TRUST LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,409.44
4/15/2017	\$5,409.44
5/15/2017	\$5,409.44
6/15/2017	\$5,409.44
7/15/2017	\$5,409.44
8/15/2017	\$5,409.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$32,456.64

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,982.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64211-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64211-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64238	GUARANTY INCOME LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$332.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64238-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	64246	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$32,205.47
4/15/2017	\$32,205.47
5/15/2017	\$32,205.47
6/15/2017	\$32,205.47
7/15/2017	\$32,205.47
8/15/2017	\$32,205.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$193,232.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$51,107.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64246-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64246-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64327	HARLEYSVILLE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$313.57
4/15/2017	\$313.57
5/15/2017	\$313.57
6/15/2017	\$313.57
7/15/2017	\$313.57
8/15/2017	\$313.57
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,881.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$32.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64327-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64327-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	64343	PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$330.05
4/15/2017	\$330.05
5/15/2017	\$330.05
6/15/2017	\$330.05
7/15/2017	\$330.05
8/15/2017	\$330.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,980.30

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$38.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64343-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64343-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64394	HERITAGE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64467	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64467-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64467-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	64505	HOMESTEADERS LIFE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,975.24
4/15/2017	\$6,975.24
5/15/2017	\$6,975.24
6/15/2017	\$6,975.24
7/15/2017	\$6,975.24
8/15/2017	\$6,975.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$41,851.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$677.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64505-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64505-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64513	HORACE MANN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,076.88
4/15/2017	\$4,076.88
5/15/2017	\$4,076.88
6/15/2017	\$4,076.88
7/15/2017	\$4,076.88
8/15/2017	\$4,076.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$24,461.28

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,090.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64513-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64513-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64580	ILLINOIS MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,872.22
4/15/2017	\$3,872.22
5/15/2017	\$3,872.22
6/15/2017	\$3,872.22
7/15/2017	\$3,872.22
8/15/2017	\$3,872.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,233.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,270.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64602	INDEPENDENCE LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64602-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64602-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64688	SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64696	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-64696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-64696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	64831	INTRAMERICA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64831-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64831-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64866	PROGRAMMED LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64890	BERKLEY LIFE AND HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$22,598.36
4/15/2017	\$22,598.36
5/15/2017	\$22,598.36
6/15/2017	\$22,598.36
7/15/2017	\$22,598.36
8/15/2017	\$22,598.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$135,590.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,468.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64890-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64890-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	64904	INVESTORS HERITAGE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$610.61	
4/15/2017	\$610.61	
5/15/2017	\$610.61	
6/15/2017	\$610.61	
7/15/2017	\$610.61	
8/15/2017	\$610.61	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,663.66

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$51.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-64904-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-64904-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65005	RIVERSOURCE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$59,395.40
4/15/2017	\$59,395.40
5/15/2017	\$59,395.40
6/15/2017	\$59,395.40
7/15/2017	\$59,395.40
8/15/2017	\$59,395.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$356,372.40

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$21,827.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65005-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65005-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65056	JACKSON NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$47,555.44
4/15/2017	\$47,555.44
5/15/2017	\$47,555.44
6/15/2017	\$47,555.44
7/15/2017	\$47,555.44
8/15/2017	\$47,555.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$285,332.64

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$50,466.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65056-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65056-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	65080	JOHN ALDEN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,457.16
4/15/2017	\$2,457.16
5/15/2017	\$2,457.16
6/15/2017	\$2,457.16
7/15/2017	\$2,457.16
8/15/2017	\$2,457.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,742.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8,455.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	65110	KANAWHA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,842.73
4/15/2017	\$5,842.73
5/15/2017	\$5,842.73
6/15/2017	\$5,842.73
7/15/2017	\$5,842.73
8/15/2017	\$5,842.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$35,056.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,821.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65110-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65110-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	65129	KANSAS CITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,202.68
4/15/2017	\$8,202.68
5/15/2017	\$8,202.68
6/15/2017	\$8,202.68
7/15/2017	\$8,202.68
8/15/2017	\$8,202.68
TOTAL INSTALLMENTS PAID IN 2017:	
	\$49,216.08

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,845.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	65188	KENTUCKY CENTRAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	65242	LAFAYETTE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,549.97
4/15/2017	\$29,549.97
5/15/2017	\$29,549.97
6/15/2017	\$29,549.97
7/15/2017	\$29,549.97
8/15/2017	\$29,549.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$177,299.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,929.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65242-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65242-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	65269	UNITED BENEFIT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65269-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65269-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	65315	LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$98,584.98
4/15/2017	\$98,584.98
5/15/2017	\$98,584.98
6/15/2017	\$98,584.98
7/15/2017	\$98,584.98
8/15/2017	\$98,584.98
TOTAL INSTALLMENTS PAID IN 2017:	
	\$591,509.88

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$26,090.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65315-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65315-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	65331	LIBERTY NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,185.73
4/15/2017	\$9,185.73
5/15/2017	\$9,185.73
6/15/2017	\$9,185.73
7/15/2017	\$9,185.73
8/15/2017	\$9,185.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$55,114.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,163.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	65374	LIFE ASSURANCE COMPANY OF PENNSYLVANIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	65498	LIFE INSURANCE COMPANY OF NORTH AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$285,512.81
4/15/2017	\$285,512.81
5/15/2017	\$285,512.81
6/15/2017	\$285,512.81
7/15/2017	\$285,512.81
8/15/2017	\$285,512.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,713,076.86

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$89,858.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	65528	LIFE INSURANCE COMPANY OF THE SOUTHWEST
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$47,279.85
4/15/2017	\$47,279.85
5/15/2017	\$47,279.85
6/15/2017	\$47,279.85
7/15/2017	\$47,279.85
8/15/2017	\$47,279.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$283,679.10

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,450.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65528-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65528-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	65536	GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$56,882.64
4/15/2017	\$56,882.64
5/15/2017	\$56,882.64
6/15/2017	\$56,882.64
7/15/2017	\$56,882.64
8/15/2017	\$56,882.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$341,295.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$11,978.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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NAIC / Name	65595	LINCOLN BENEFIT LIFE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$80,864.86	
4/15/2017	\$80,864.86	
5/15/2017	\$80,864.86	
6/15/2017	\$80,864.86	
7/15/2017	\$80,864.86	
8/15/2017	\$80,864.86	
TOTAL INSTALLMENTS PAID IN 2017:		\$485,189.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,409.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	65641	MEDICO LIFE AND HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65641-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65641-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65676	LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$357,663.20
4/15/2017	\$357,663.20
5/15/2017	\$357,663.20
6/15/2017	\$357,663.20
7/15/2017	\$357,663.20
8/15/2017	\$357,663.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,145,979.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$87,655.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65676-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65676-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	65722	LOYAL AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,144.85
4/15/2017	\$2,144.85
5/15/2017	\$2,144.85
6/15/2017	\$2,144.85
7/15/2017	\$2,144.85
8/15/2017	\$2,144.85
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,869.10

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$844.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65722-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65722-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65781	MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,672.59
4/15/2017	\$2,672.59
5/15/2017	\$2,672.59
6/15/2017	\$2,672.59
7/15/2017	\$2,672.59
8/15/2017	\$2,672.59
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,035.54

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,169.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65781-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65781-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	65811	AMERICAN MODERN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$31.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65811-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65811-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65838	JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$282,099.04
4/15/2017	\$282,099.04
5/15/2017	\$282,099.04
6/15/2017	\$282,099.04
7/15/2017	\$282,099.04
8/15/2017	\$282,099.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,692,594.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$68,500.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65838-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65838-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65870	MANHATTAN LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,942.79
4/15/2017	\$12,942.79
5/15/2017	\$12,942.79
6/15/2017	\$12,942.79
7/15/2017	\$12,942.79
8/15/2017	\$12,942.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$77,656.74

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,221.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	65900	WILCO LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,446.96
4/15/2017	\$9,446.96
5/15/2017	\$9,446.96
6/15/2017	\$9,446.96
7/15/2017	\$9,446.96
8/15/2017	\$9,446.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$56,681.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,142.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65919	PRIMERICA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$119,164.36
4/15/2017	\$119,164.36
5/15/2017	\$119,164.36
6/15/2017	\$119,164.36
7/15/2017	\$119,164.36
8/15/2017	\$119,164.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$714,986.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$11,730.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	65927	LINCOLN HERITAGE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,723.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65927-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65927-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	65935	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$125,812.36
4/15/2017	\$125,812.36
5/15/2017	\$125,812.36
6/15/2017	\$125,812.36
7/15/2017	\$125,812.36
8/15/2017	\$125,812.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$754,874.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$45,597.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65935-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65935-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	65951	MERIT LIFE INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,535.39
4/15/2017	\$2,535.39
5/15/2017	\$2,535.39
6/15/2017	\$2,535.39
7/15/2017	\$2,535.39
8/15/2017	\$2,535.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$15,212.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$893.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65951-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65951-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	65960	WINDSOR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-65960-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-65960-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	65978	METROPOLITAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$695,921.33
4/15/2017	\$695,921.33
5/15/2017	\$695,921.33
6/15/2017	\$695,921.33
7/15/2017	\$695,921.33
8/15/2017	\$695,921.33
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,175,527.98

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$271,570.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-65978-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-65978-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66001	AMERICAN BENEFIT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66001-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66001-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	66044	MIDLAND NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$54,891.71
4/15/2017	\$54,891.71
5/15/2017	\$54,891.71
6/15/2017	\$54,891.71
7/15/2017	\$54,891.71
8/15/2017	\$54,891.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$329,350.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$37,615.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66044-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66044-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	66087	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$712.91	
4/15/2017	\$712.91	
5/15/2017	\$712.91	
6/15/2017	\$712.91	
7/15/2017	\$712.91	
8/15/2017	\$712.91	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,277.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,053.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	66109	MIDWESTERN UNITED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66133	WILTON REASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66133-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66133-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66141	HEALTH NET LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$378,921.01
4/15/2017	\$378,921.01
5/15/2017	\$378,921.01
6/15/2017	\$378,921.01
7/15/2017	\$378,921.01
8/15/2017	\$378,921.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,273,526.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$386,472.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66141-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66141-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66168	MINNESOTA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$214,360.47
4/15/2017	\$214,360.47
5/15/2017	\$214,360.47
6/15/2017	\$214,360.47
7/15/2017	\$214,360.47
8/15/2017	\$214,360.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,286,162.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$33,037.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66168-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66168-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	66214	HEARTLAND NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$996.15
4/15/2017	\$996.00
5/15/2017	\$996.15
6/15/2017	\$996.15
7/15/2017	\$996.15
8/15/2017	\$996.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,976.75

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$395.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66214-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66214-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66230	WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,258.15	
4/15/2017	\$1,258.15	
5/15/2017	\$1,258.15	
6/15/2017	\$1,258.15	
7/15/2017	\$1,258.15	
8/15/2017	\$1,258.15	
TOTAL INSTALLMENTS PAID IN 2017:		\$7,548.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$131.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66230-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	66265	MONARCH LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$399.38
4/15/2017	\$399.38
5/15/2017	\$399.38
6/15/2017	\$399.38
7/15/2017	\$399.38
8/15/2017	\$399.38
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,396.28

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$207.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	66281	TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$101,240.00
4/15/2017	\$101,240.00
5/15/2017	\$101,240.00
6/15/2017	\$101,240.00
7/15/2017	\$101,240.00
8/15/2017	\$101,240.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$607,440.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$22,306.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66281-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66281-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	66346	MUNICH AMERICAN REASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66346-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66346-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	66370	MONY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$42,833.52
TOTAL INSTALLMENTS PAID IN 2017:	
	\$42,833.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,125.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66370-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66370-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66427	MUTUAL TRUST LIC, A PAN-AMERICAN LIFE INS GROUP STK CO
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,602.41
4/15/2017	\$8,602.41
5/15/2017	\$8,602.41
6/15/2017	\$8,602.41
7/15/2017	\$8,602.41
8/15/2017	\$8,602.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$51,614.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,099.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66427-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66427-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66540	NATIONAL FARMERS UNION LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$19.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66540-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66540-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	66583	NATIONAL GUARDIAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,488.02
4/15/2017	\$29,488.02
5/15/2017	\$29,488.02
6/15/2017	\$29,488.02
7/15/2017	\$29,488.02
8/15/2017	\$29,488.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$176,928.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,515.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66583-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66583-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	66680	NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,891.30
4/15/2017	\$8,891.30
5/15/2017	\$8,891.30
6/15/2017	\$8,847.42
7/15/2017	\$8,847.42
8/15/2017	\$8,847.42
TOTAL INSTALLMENTS PAID IN 2017:	
	\$53,216.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,339.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-66680-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-66680-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	66850	NATIONAL WESTERN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$15,632.51
4/15/2017	\$15,632.51
5/15/2017	\$15,632.51
6/15/2017	\$15,632.51
7/15/2017	\$15,632.51
8/15/2017	\$15,632.51
TOTAL INSTALLMENTS PAID IN 2017:	
	\$93,795.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$21,182.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66869	NATIONWIDE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$88,071.51	
4/15/2017	\$88,071.51	
5/15/2017	\$88,071.51	
6/15/2017	\$88,071.51	
7/15/2017	\$88,071.51	
8/15/2017	\$88,071.51	
TOTAL INSTALLMENTS PAID IN 2017:		\$528,429.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14,767.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66869-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66869-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66915	NEW YORK LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$262,716.46
4/15/2017	\$262,716.46
5/15/2017	\$262,716.46
6/15/2017	\$262,716.46
7/15/2017	\$262,716.46
8/15/2017	\$262,716.46
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,576,298.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$38,766.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66915-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66915-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	66974	NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$71,751.36
4/15/2017	\$71,751.36
5/15/2017	\$71,751.36
6/15/2017	\$71,751.36
7/15/2017	\$71,751.36
8/15/2017	\$71,751.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$430,508.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$26,409.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-66974-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-66974-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	67032	NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67032-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67032-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67059	GPM HEALTH AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$774.02
4/15/2017	\$774.02
5/15/2017	\$774.02
6/15/2017	\$774.02
7/15/2017	\$774.02
8/15/2017	\$774.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,644.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$192.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67059-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67059-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67083	MANHATTAN NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$699.80
4/15/2017	\$699.80
5/15/2017	\$699.80
6/15/2017	\$699.80
7/15/2017	\$699.80
8/15/2017	\$699.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,198.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$79.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67083-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67083-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67091	NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$261,633.00
4/15/2017	\$261,633.00
5/15/2017	\$261,633.00
6/15/2017	\$261,633.00
7/15/2017	\$261,633.00
8/15/2017	\$261,633.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,569,798.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$41,695.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67091-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67091-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	67105	RELIASTAR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$142,890.97
4/15/2017	\$142,890.97
5/15/2017	\$142,890.97
6/15/2017	\$142,890.97
7/15/2017	\$142,890.97
8/15/2017	\$142,890.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$857,345.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$19,349.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67105-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67105-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67148	OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,261.01
4/15/2017	\$1,261.01
5/15/2017	\$1,261.01
6/15/2017	\$1,261.01
7/15/2017	\$1,261.01
8/15/2017	\$1,261.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,566.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$142.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67148-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67148-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67172	OHIO NATIONAL LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,825.83
4/15/2017	\$28,825.83
5/15/2017	\$28,825.83
6/15/2017	\$28,825.83
7/15/2017	\$28,825.83
8/15/2017	\$28,825.83
TOTAL INSTALLMENTS PAID IN 2017:	
	\$172,954.98

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,177.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67172-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67172-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67180	OHIO STATE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,211.70
4/15/2017	\$1,211.70
5/15/2017	\$1,211.70
6/15/2017	\$1,211.70
7/15/2017	\$1,211.70
8/15/2017	\$1,211.70
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,270.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$131.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67180-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67180-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67199	OLD AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,635.15
4/15/2017	\$7,635.15
5/15/2017	\$7,635.15
6/15/2017	\$7,635.15
7/15/2017	\$7,635.15
8/15/2017	\$7,635.15
TOTAL INSTALLMENTS PAID IN 2017:	
	\$45,810.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$786.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67199-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67199-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	67253	AMERICAN LIFE & SECURITY CORP.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$647.00	
4/15/2017	\$647.00	
5/15/2017	\$647.00	
6/15/2017	\$647.00	
7/15/2017	\$647.00	
8/15/2017	\$647.00	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,882.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$82.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67253-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67253-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67261	OLD REPUBLIC LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$917.40	
4/15/2017	\$917.40	
5/15/2017	\$917.40	
6/15/2017	\$917.40	
7/15/2017	\$917.40	
8/15/2017	\$917.40	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,504.40

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$137.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67261-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67261-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$698,989.07
4/15/2017	\$698,989.07
5/15/2017	\$698,989.07
6/15/2017	\$698,989.07
7/15/2017	\$698,989.07
8/15/2017	\$698,989.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,193,934.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$266,393.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67369-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67369-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67393	OZARK NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,086.81
4/15/2017	\$1,086.81
5/15/2017	\$1,086.81
6/15/2017	\$1,086.81
7/15/2017	\$1,086.81
8/15/2017	\$1,086.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,520.86

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$131.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67393-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67393-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67423	UBS LIFE INSURANCE COMPANY USA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67423-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67423-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67466	PACIFIC LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$155,399.67
4/15/2017	\$155,399.67
5/15/2017	\$155,399.67
6/15/2017	\$155,399.67
7/15/2017	\$155,399.67
8/15/2017	\$155,399.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$932,398.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$49,677.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67466-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67466-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	67539	PAN-AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,691.54
4/15/2017	\$2,691.54
5/15/2017	\$5,383.08
7/15/2017	\$2,691.54
8/15/2017	\$2,691.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,149.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,400.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67539-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67539-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67598	PAUL REVERE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,132.87
4/15/2017	\$9,132.87
5/15/2017	\$9,132.87
6/15/2017	\$9,132.87
7/15/2017	\$9,132.87
8/15/2017	\$9,132.87
TOTAL INSTALLMENTS PAID IN 2017:	
	\$54,797.22

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,132.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67598-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67598-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67601	UNUM INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ME	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$16.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67601-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67601-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	67628	PEKIN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,633.79
4/15/2017	\$3,633.79
5/15/2017	\$3,633.79
6/15/2017	\$3,633.79
7/15/2017	\$3,633.79
8/15/2017	\$3,633.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$21,802.74

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$421.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67628-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67628-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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NAIC / Name	67636	DSM USA INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,340.14	
4/15/2017	\$1,340.14	
5/15/2017	\$1,340.14	
6/15/2017	\$1,340.14	
7/15/2017	\$1,340.14	
8/15/2017	\$1,340.14	
TOTAL INSTALLMENTS PAID IN 2017:		\$8,040.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$321.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67636-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67636-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	67644	PENN MUTUAL LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$45,855.86
4/15/2017	\$45,855.86
5/15/2017	\$45,855.86
6/15/2017	\$45,855.86
7/15/2017	\$45,855.86
8/15/2017	\$45,855.86
TOTAL INSTALLMENTS PAID IN 2017:	
	\$275,135.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$9,302.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67644-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67644-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67652	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,210.04
4/15/2017	\$7,210.04
5/15/2017	\$7,210.04
6/15/2017	\$7,210.04
7/15/2017	\$7,210.04
8/15/2017	\$7,210.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$43,260.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$810.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67652-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67652-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	67660	PENNSYLVANIA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,704.34
4/15/2017	\$1,704.34
5/15/2017	\$1,704.34
6/15/2017	\$1,704.34
7/15/2017	\$1,704.34
8/15/2017	\$1,704.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,226.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$727.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67660-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67660-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	67679	AMERICAN REPUBLIC CORP INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,473.52	
4/15/2017	\$4,473.52	
5/15/2017	\$4,473.52	
6/15/2017	\$4,473.52	
7/15/2017	\$4,473.52	
8/15/2017	\$4,473.52	
TOTAL INSTALLMENTS PAID IN 2017:		\$26,841.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,184.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67679-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67679-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	67784	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,804.71
4/15/2017	\$4,804.71
5/15/2017	\$4,804.71
6/15/2017	\$4,804.71
7/15/2017	\$4,804.71
8/15/2017	\$4,804.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$28,828.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,237.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67784-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67784-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67814	PHOENIX LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,941.54
4/15/2017	\$5,941.54
5/15/2017	\$5,941.54
6/15/2017	\$5,941.54
7/15/2017	\$5,941.54
8/15/2017	\$5,941.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$35,649.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$739.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67814-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67814-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67873	PIONEER AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$492.22	
4/15/2017	\$492.22	
5/15/2017	\$492.22	
6/15/2017	\$492.22	
7/15/2017	\$492.22	
8/15/2017	\$492.22	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,953.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$32.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67873-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67873-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	67903	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$61.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-67903-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-67903-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67911	PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,236.42
4/15/2017	\$1,236.42
5/15/2017	\$1,236.42
6/15/2017	\$1,236.42
7/15/2017	\$1,236.42
8/15/2017	\$1,236.42
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,418.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$187.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67911-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67911-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	67989	AMERICAN MEMORIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,401.22
4/15/2017	\$35,401.22
5/15/2017	\$35,401.22
6/15/2017	\$35,401.22
7/15/2017	\$35,401.22
8/15/2017	\$35,401.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$212,407.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,562.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-67989-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-67989-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	68039	ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$464.93	
4/15/2017	\$464.93	
5/15/2017	\$464.93	
6/15/2017	\$464.93	
7/15/2017	\$464.93	
8/15/2017	\$464.93	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,789.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$108.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68039-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68039-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	68047	PROFESSIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$685.74
4/15/2017	\$685.74
5/15/2017	\$685.74
6/15/2017	\$685.74
7/15/2017	\$685.74
8/15/2017	\$685.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,114.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$346.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68047-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68047-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68055	PROFESSIONAL INVESTORS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	68136	PROTECTIVE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$90,101.18
4/15/2017	\$90,101.18
5/15/2017	\$90,101.18
6/15/2017	\$90,101.18
7/15/2017	\$90,101.18
8/15/2017	\$90,101.18
TOTAL INSTALLMENTS PAID IN 2017:	
	\$540,607.08

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$20,451.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68179	PROVIDENT AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$15.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-68179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-68179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	68195	PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$47,880.36
4/15/2017	\$47,880.36
5/15/2017	\$47,880.36
6/15/2017	\$47,880.36
7/15/2017	\$47,880.36
8/15/2017	\$47,880.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$287,282.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$19,454.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68195-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68195-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	68241	PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$261,850.34
4/15/2017	\$261,850.34
5/15/2017	\$261,850.34
6/15/2017	\$261,850.34
7/15/2017	\$261,850.34
8/15/2017	\$261,850.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,571,102.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$172,768.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	68276	EMPLOYERS REASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68276-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68276-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	68284	PYRAMID LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$300.69
4/15/2017	\$300.69
5/15/2017	\$300.69
6/15/2017	\$300.69
7/15/2017	\$300.69
8/15/2017	\$300.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,804.14

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$115.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68284-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68284-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	68322	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$58,422.79
4/15/2017	\$58,422.79
5/15/2017	\$58,422.79
6/15/2017	\$58,422.79
7/15/2017	\$58,422.79
8/15/2017	\$58,422.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$350,536.74

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,698.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68322-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68322-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	68357	RELIABLE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68357-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68357-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	68365	AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-68365-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68381	RELIANCE STANDARD LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,704.37
4/15/2017	\$6,704.37
5/15/2017	\$6,704.37
6/15/2017	\$6,704.37
7/15/2017	\$6,704.37
8/15/2017	\$6,704.37
TOTAL INSTALLMENTS PAID IN 2017:	
	\$40,226.22

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,028.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68381-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68381-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	68420	WMI MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,884.80
4/15/2017	\$1,884.80
5/15/2017	\$1,884.80
6/15/2017	\$1,884.80
7/15/2017	\$1,884.80
8/15/2017	\$1,884.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,308.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$962.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68446	LONGEVITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$12.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68446-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68446-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68462	RESERVE NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$12,802.28
4/15/2017	\$12,802.28
5/15/2017	\$12,802.28
6/15/2017	\$12,802.28
7/15/2017	\$12,802.28
8/15/2017	\$12,802.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$76,813.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,466.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68462-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68462-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68500	CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,763.26
4/15/2017	\$2,763.26
5/15/2017	\$2,763.26
6/15/2017	\$2,763.26
7/15/2017	\$2,763.26
8/15/2017	\$2,763.26
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,579.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,046.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-68500-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-68500-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	68543	LIBERTY BANKERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$373.51
4/15/2017	\$373.51
5/15/2017	\$373.51
6/15/2017	\$373.51
7/15/2017	\$373.51
8/15/2017	\$373.51
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,241.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$770.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68543-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68543-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68594	AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,851.48
4/15/2017	\$5,851.48
5/15/2017	\$5,851.48
6/15/2017	\$5,851.48
7/15/2017	\$5,851.48
8/15/2017	\$5,851.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$35,108.88

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$496.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68594-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68594-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	68608	SYMETRA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$120,700.93
4/15/2017	\$120,700.93
5/15/2017	\$120,700.93
6/15/2017	\$120,700.93
7/15/2017	\$120,700.93
8/15/2017	\$120,700.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$724,205.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$61,089.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68608-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68608-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	68632	VANTIS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$308.88
4/15/2017	\$308.88
5/15/2017	\$308.88
6/15/2017	\$308.88
7/15/2017	\$308.88
8/15/2017	\$308.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,853.28

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$32.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68632-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68632-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68675	SECURITY BENEFIT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,521.50
4/15/2017	\$1,521.50
5/15/2017	\$1,521.50
6/15/2017	\$1,521.50
7/15/2017	\$1,521.50
8/15/2017	\$1,521.50
TOTAL INSTALLMENTS PAID IN 2017:	
	\$9,129.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$37,014.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68675-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68675-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68691	SECURITY GENERAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	68713	SECURITY LIFE OF DENVER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$43,177.40
4/15/2017	\$43,177.40
5/15/2017	\$43,177.40
6/15/2017	\$43,177.40
7/15/2017	\$43,177.40
8/15/2017	\$43,177.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$259,064.40

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,555.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68713-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68713-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68723	NEW YORK LIFE AGENTS REINSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	68772	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,120.53
4/15/2017	\$5,120.53
5/15/2017	\$5,120.53
6/15/2017	\$5,120.53
7/15/2017	\$5,120.53
8/15/2017	\$5,120.53
TOTAL INSTALLMENTS PAID IN 2017:	
	\$30,723.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$456.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68802	SENTINEL SECURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,375.05
4/15/2017	\$4,375.05
5/15/2017	\$4,375.05
6/15/2017	\$4,375.05
7/15/2017	\$4,375.05
8/15/2017	\$4,375.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$26,250.30

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,235.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68810	SENTRY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,196.53
4/15/2017	\$2,196.53
5/15/2017	\$2,196.53
6/15/2017	\$2,196.53
7/15/2017	\$2,196.53
8/15/2017	\$2,196.53
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,179.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,121.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68810-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68810-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	68845	SHENANDOAH LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$659.60
4/15/2017	\$659.60
5/15/2017	\$659.60
6/15/2017	\$659.60
7/15/2017	\$659.60
8/15/2017	\$659.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,957.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$117.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-68845-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-68845-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	68853	SIERRA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	68985	STARMOUNT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,559.10
4/15/2017	\$3,559.10
5/15/2017	\$3,559.10
6/15/2017	\$3,559.10
7/15/2017	\$3,559.10
8/15/2017	\$3,559.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$21,354.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$781.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-68985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-68985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	69000	NORTHWESTERN LONG TERM CARE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$19,725.07
4/15/2017	\$19,725.07
5/15/2017	\$19,725.07
6/15/2017	\$19,725.07
7/15/2017	\$19,725.07
8/15/2017	\$19,725.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$118,350.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8,363.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69000-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69000-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	69019	STANDARD INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$77,605.66
4/15/2017	\$77,605.66
5/15/2017	\$77,605.66
6/15/2017	\$77,605.66
7/15/2017	\$77,605.66
8/15/2017	\$77,605.66
TOTAL INSTALLMENTS PAID IN 2017:	
	\$465,633.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$27,983.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69019-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69019-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69051	STANDARD LIFE INSURANCE COMPANY OF INDIANA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	69078	STANDARD SECURITY LIFE INSURANCE COMPANY OF NY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$48,707.08
4/15/2017	\$48,707.08
5/15/2017	\$48,707.08
6/15/2017	\$48,707.08
7/15/2017	\$48,707.08
8/15/2017	\$48,707.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$292,242.48

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$19,672.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69078-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69078-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	69108	STATE FARM LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$204,584.43
4/15/2017	\$204,584.43
5/15/2017	\$204,584.43
6/15/2017	\$204,584.43
7/15/2017	\$204,584.43
8/15/2017	\$204,584.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,227,506.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$28,428.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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NAIC / Name	69116	STATE LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,795.25
4/15/2017	\$23,795.25
5/15/2017	\$23,795.25
6/15/2017	\$23,795.25
7/15/2017	\$23,795.25
8/15/2017	\$23,795.25
TOTAL INSTALLMENTS PAID IN 2017:	
	\$142,771.50

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,798.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69116-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69116-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	69132	STATE MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,177.47
4/15/2017	\$2,177.47
5/15/2017	\$2,177.47
6/15/2017	\$2,177.47
7/15/2017	\$2,177.47
8/15/2017	\$2,177.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,064.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$796.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	69140	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$91.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69140-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69140-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	69221	NATIONAL AMERICAN LIFE INSURANCE COMPANY OF PENN.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	69272	SUNSET LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$749.99
4/15/2017	\$749.99
5/15/2017	\$749.99
6/15/2017	\$749.99
7/15/2017	\$749.99
8/15/2017	\$749.99
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,499.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$110.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69272-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69272-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69310	SURETY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,036.91
4/15/2017	\$1,036.91
5/15/2017	\$1,036.91
6/15/2017	\$1,036.91
7/15/2017	\$1,036.91
8/15/2017	\$1,036.91
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,221.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$116.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69310-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69310-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69329	SURETY LIFE AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69329-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69329-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69337	AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$322.78
4/15/2017	\$322.78
5/15/2017	\$323.00
6/15/2017	\$322.78
7/15/2017	\$322.78
8/15/2017	\$322.78
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,936.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$59.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69337-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69337-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69345	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,729.71
4/15/2017	\$3,729.71
5/15/2017	\$3,729.71
6/15/2017	\$3,729.71
7/15/2017	\$3,729.71
8/15/2017	\$3,729.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$22,378.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,527.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69345-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69345-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	69396	TEXAS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$5,352.74	
4/15/2017	\$5,352.74	
5/15/2017	\$5,352.74	
6/15/2017	\$5,352.74	
7/15/2017	\$5,352.74	
8/15/2017	\$5,352.74	
TOTAL INSTALLMENTS PAID IN 2017:		\$32,116.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$541.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	69477	TIME INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$42,241.60
4/15/2017	\$42,241.60
5/15/2017	\$42,241.60
6/15/2017	\$42,241.60
7/15/2017	\$42,241.60
8/15/2017	\$42,241.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$253,449.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$61,656.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69477-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69477-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69485	SECURITY NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,063.65
4/15/2017	\$1,063.65
5/15/2017	\$1,063.65
6/15/2017	\$1,063.65
7/15/2017	\$1,063.65
8/15/2017	\$1,063.65
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,381.90

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$113.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69485-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69485-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	69515	MEDAMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$4,251.01	
4/15/2017	\$4,251.01	
5/15/2017	\$4,251.01	
6/15/2017	\$4,251.01	
7/15/2017	\$4,251.01	
8/15/2017	\$4,251.01	
TOTAL INSTALLMENTS PAID IN 2017:		\$25,506.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,971.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69515-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69515-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69566	TRANS WORLD ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$44.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69566-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69566-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	69604	ALLIANZ LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69604-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	69647	OPTUM INSURANCE OF OHIO, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69647-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69647-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	69663	USAA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$117,010.44
4/15/2017	\$117,010.44
5/15/2017	\$117,010.44
6/15/2017	\$117,010.44
7/15/2017	\$117,010.44
8/15/2017	\$117,010.44
TOTAL INSTALLMENTS PAID IN 2017:	
	\$702,062.64

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$36,425.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69663-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69663-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	69698	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69698-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69698-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	69744	UNION LABOR LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,063.89
4/15/2017	\$3,063.89
5/15/2017	\$3,063.89
6/15/2017	\$3,063.89
7/15/2017	\$3,063.89
8/15/2017	\$3,063.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,383.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$390.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69744-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69744-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69752	BENICORP INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69833	LINCOLN MEMORIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	69868	UNITED OF OMAHA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$317,888.21
4/15/2017	\$317,888.21
5/15/2017	\$317,888.21
6/15/2017	\$317,888.21
7/15/2017	\$317,888.21
8/15/2017	\$317,888.21
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,907,329.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$116,677.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-69868-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-69868-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	69892	UNITED FARM FAMILY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,062.24
4/15/2017	\$2,062.24
5/15/2017	\$2,062.24
6/15/2017	\$2,062.24
7/15/2017	\$2,062.24
8/15/2017	\$2,062.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,373.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$192.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69892-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69892-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	69922	UNITED HOME LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$452.93
4/15/2017	\$452.93
5/15/2017	\$452.93
6/15/2017	\$452.93
7/15/2017	\$452.93
8/15/2017	\$452.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,717.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$50.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69922-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69922-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	69930	UNITED INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69930-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69930-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	69973	UNITED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$950.92
4/15/2017	\$950.92
5/15/2017	\$950.92
6/15/2017	\$950.92
7/15/2017	\$950.92
8/15/2017	\$950.92
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,705.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$152.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-69973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-69973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	70025	GENWORTH LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$155,220.79
4/15/2017	\$155,220.79
5/15/2017	\$155,220.79
6/15/2017	\$155,220.79
7/15/2017	\$155,220.79
8/15/2017	\$155,220.79
TOTAL INSTALLMENTS PAID IN 2017:	
	\$931,324.74

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$69,370.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70025-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70025-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70106	UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,287.43
4/15/2017	\$11,287.43
5/15/2017	\$11,287.43
6/15/2017	\$11,287.43
7/15/2017	\$11,287.43
8/15/2017	\$11,287.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$67,724.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,674.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-70106-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-70106-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70122	UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$72.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70122-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70122-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70130	UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70130-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

NAIC / Name	70238	VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,198.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70238-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70319	WASHINGTON NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,437.23
4/15/2017	\$8,437.23
5/15/2017	\$8,437.23
6/15/2017	\$8,437.23
7/15/2017	\$8,437.23
8/15/2017	\$8,437.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$50,623.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,402.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70319-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70319-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70335	WEST COAST LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,848.74
4/15/2017	\$35,848.74
5/15/2017	\$35,848.74
6/15/2017	\$35,848.74
7/15/2017	\$35,848.74
8/15/2017	\$35,848.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$215,092.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,134.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-70335-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-70335-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70408	UNION SECURITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$131,949.69
4/15/2017	\$131,949.69
5/15/2017	\$131,949.69
6/15/2017	\$131,949.69
7/15/2017	\$131,949.69
8/15/2017	\$131,949.69
TOTAL INSTALLMENTS PAID IN 2017:	
	\$791,698.14

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$53,828.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-70408-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-70408-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70416	MML BAY STATE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,730.01
4/15/2017	\$2,730.01
5/15/2017	\$2,730.01
6/15/2017	\$2,730.01
7/15/2017	\$2,730.01
8/15/2017	\$2,730.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,380.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$390.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70416-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70416-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70435	SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LI	LIFE INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,667.33
4/15/2017	\$7,667.33
5/15/2017	\$7,667.33
6/15/2017	\$7,667.33
7/15/2017	\$7,667.33
8/15/2017	\$7,667.33
TOTAL INSTALLMENTS PAID IN 2017:	
	\$46,003.98

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$723.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70435-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	70483	WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,902.97
4/15/2017	\$2,902.97
5/15/2017	\$2,902.97
6/15/2017	\$2,902.97
7/15/2017	\$2,902.97
8/15/2017	\$2,902.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,417.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$425.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70483-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70483-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	70580	HUMANADENTAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,736.92
4/15/2017	\$2,736.92
5/15/2017	\$2,736.92
6/15/2017	\$2,736.92
7/15/2017	\$2,736.92
8/15/2017	\$2,736.92
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,421.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,804.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70580-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70580-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	70637	WORLD LIFE & HEALTH INSURANCE COMPANY OF PENNA.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	70670	HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,710.32
4/15/2017	\$13,710.32
5/15/2017	\$13,710.32
6/15/2017	\$13,710.32
7/15/2017	\$13,710.32
8/15/2017	\$13,710.32
TOTAL INSTALLMENTS PAID IN 2017:	
	\$82,261.92

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,193.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70670-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70670-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	70688	TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,020.38
4/15/2017	\$1,020.38
5/15/2017	\$1,020.38
6/15/2017	\$1,020.38
7/15/2017	\$1,020.38
8/15/2017	\$1,020.38
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,122.28

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,040.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-70688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	70742	FAMILY BENEFIT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$78.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	70785	PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-70785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-70785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	70815	HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$205,814.93
4/15/2017	\$205,814.93
5/15/2017	\$205,814.93
6/15/2017	\$205,814.93
7/15/2017	\$205,814.93
8/15/2017	\$205,814.93
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,234,889.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$59,831.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-70815-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-70815-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	70866	ALLSTATE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,637.41
4/15/2017	\$5,637.41
5/15/2017	\$5,637.41
6/15/2017	\$5,637.41
7/15/2017	\$5,637.41
8/15/2017	\$5,637.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$33,824.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$224.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-70866-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	70939	GERBER LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$30,234.76
4/15/2017	\$30,234.76
5/15/2017	\$30,234.76
6/15/2017	\$30,234.76
7/15/2017	\$30,234.76
8/15/2017	\$30,234.76
TOTAL INSTALLMENTS PAID IN 2017:	
	\$181,408.56

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,109.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-70939-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-70939-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	71013	BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71013-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71013-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	71080	SUMMIT NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71099	PARKER CENTENNIAL ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71129	DEARBORN NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,616.75
4/15/2017	\$10,617.00
5/15/2017	\$10,616.75
6/15/2017	\$10,616.75
7/15/2017	\$10,616.75
8/15/2017	\$10,616.75
TOTAL INSTALLMENTS PAID IN 2017:	
	\$63,700.75

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,498.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71129-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71129-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71153	HARTFORD LIFE AND ANNUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$59,351.53
4/15/2017	\$59,351.53
5/15/2017	\$59,351.53
6/15/2017	\$59,351.53
7/15/2017	\$59,351.53
8/15/2017	\$59,351.53
TOTAL INSTALLMENTS PAID IN 2017:	
	\$356,109.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$7,973.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71161	PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$23,501.63
4/15/2017	\$23,501.63
5/15/2017	\$23,501.63
6/15/2017	\$23,501.63
7/15/2017	\$23,501.63
8/15/2017	\$23,501.63
TOTAL INSTALLMENTS PAID IN 2017:	
	\$141,009.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,102.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71161-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71161-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71234	AMERICAN TRUSTEE LIFE COMPANY OF MINNESOTA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71323	ZALE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$29.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71331	CAREAMERICA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$26.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71331-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71331-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71390	PURITAN LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,158.47
4/15/2017	\$1,158.47
5/15/2017	\$1,158.47
6/15/2017	\$1,158.47
7/15/2017	\$1,158.47
8/15/2017	\$1,158.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,950.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$300.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71390-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71390-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71404	CONTINENTAL GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,310.37
4/15/2017	\$6,310.37
5/15/2017	\$6,310.35
6/15/2017	\$6,310.35
7/15/2017	\$6,310.37
8/15/2017	\$6,310.37
TOTAL INSTALLMENTS PAID IN 2017:	
	\$37,862.18

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,500.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71404-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71404-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71412	MUTUAL OF OMAHA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$68,308.39
4/15/2017	\$68,308.39
5/15/2017	\$68,308.39
6/15/2017	\$68,308.39
7/15/2017	\$68,308.39
8/15/2017	\$68,308.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$409,850.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$30,846.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71412-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71412-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71420	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71420-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71420-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	71439	ASSURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,995.64
4/15/2017	\$9,995.64
5/15/2017	\$9,995.64
6/15/2017	\$9,995.64
7/15/2017	\$9,995.64
8/15/2017	\$9,995.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$59,973.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,328.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71439-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71439-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	71455	FINANCIAL AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71455-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71455-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	71463	CICA LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71463-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71463-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	71471	ABILITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,339.48
4/15/2017	\$6,339.48
5/15/2017	\$6,339.48
6/15/2017	\$6,339.48
7/15/2017	\$6,339.48
8/15/2017	\$6,339.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$38,036.88

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,055.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71471-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71471-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	71480	GREAT WESTERN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$21,669.13
4/15/2017	\$21,669.13
5/15/2017	\$21,669.13
6/15/2017	\$21,669.13
7/15/2017	\$21,669.13
8/15/2017	\$21,669.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$130,014.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,390.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71480-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	71595	LEWER LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	71714	BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$38,326.32	
4/15/2017	\$38,326.32	
5/15/2017	\$38,326.32	
6/15/2017	\$38,326.32	
7/15/2017	\$38,326.32	
8/15/2017	\$38,326.32	
TOTAL INSTALLMENTS PAID IN 2017:		\$229,957.92

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$17,165.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71714-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71714-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	71730	CONTINENTAL AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$24,803.41
4/15/2017	\$24,803.41
5/15/2017	\$24,803.41
6/15/2017	\$24,803.41
7/15/2017	\$24,803.41
8/15/2017	\$24,803.41
TOTAL INSTALLMENTS PAID IN 2017:	
	\$148,820.46

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$9,617.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71730-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71730-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	71768	HM HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71768-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71768-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	71773	AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,602.14
4/15/2017	\$17,602.14
5/15/2017	\$17,602.14
6/15/2017	\$17,602.14
7/15/2017	\$17,602.14
8/15/2017	\$17,602.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$105,612.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$7,677.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71773-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71773-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	71854	AAA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$29,950.77
4/15/2017	\$29,950.77
5/15/2017	\$29,950.77
6/15/2017	\$29,950.77
7/15/2017	\$29,950.77
8/15/2017	\$29,950.77
TOTAL INSTALLMENTS PAID IN 2017:	
	\$179,704.62

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,610.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71854-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71854-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	71870	FIDELITY SECURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$43,911.51
4/15/2017	\$43,911.51
5/15/2017	\$43,911.51
6/15/2017	\$43,911.51
7/15/2017	\$43,911.51
8/15/2017	\$43,911.51
TOTAL INSTALLMENTS PAID IN 2017:	
	\$263,469.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$22,001.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-71870-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-71870-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	71919	BANKERS FIDELITY ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-71919-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-71919-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	72052	AETNA HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,034.43
4/15/2017	\$1,034.43
5/15/2017	\$1,034.43
6/15/2017	\$1,034.43
7/15/2017	\$1,034.43
8/15/2017	\$1,034.43
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,206.58

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$308.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-72052-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-72052-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	72125	PHYSICIANS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,688.87
4/15/2017	\$18,688.87
5/15/2017	\$18,688.87
6/15/2017	\$18,688.87
7/15/2017	\$18,688.87
8/15/2017	\$18,688.87
TOTAL INSTALLMENTS PAID IN 2017:	
	\$112,133.22

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$7,470.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-72125-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-72125-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	72222	AMICA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,864.84
4/15/2017	\$2,864.84
5/15/2017	\$2,864.84
6/15/2017	\$2,864.84
7/15/2017	\$2,864.84
8/15/2017	\$2,864.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,189.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$313.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-72222-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	72362	PEKIN FINANCIAL LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

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web site: insurance.az.gov

NAIC / Name	72850	UNITED WORLD LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,703.64
4/15/2017	\$17,703.64
5/15/2017	\$17,703.64
6/15/2017	\$17,703.64
7/15/2017	\$17,703.64
8/15/2017	\$17,703.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$106,221.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8,284.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-72850-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-72850-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	72958	CANYON STATE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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NAIC / Name	73288	HUMANA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$88,968.20	
4/15/2017	\$88,968.20	
5/15/2017	\$88,968.20	
6/15/2017	\$88,968.20	
7/15/2017	\$88,968.20	
8/15/2017	\$88,968.20	
TOTAL INSTALLMENTS PAID IN 2017:		\$533,809.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$115,676.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-73288-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-73288-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
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NAIC / Name	73474	DENTEGRA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,645.24
4/15/2017	\$18,646.24
5/15/2017	\$18,646.24
6/15/2017	\$18,646.24
7/15/2017	\$18,646.24
8/15/2017	\$18,646.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$111,876.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8,510.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-73474-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-73474-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
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NAIC / Name	73504	LUMICO LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$353.81
4/15/2017	\$353.81
5/15/2017	\$353.81
6/15/2017	\$353.81
7/15/2017	\$353.81
8/15/2017	\$353.81
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,122.86

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$37.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-73504-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-73504-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	74004	FAMILY SERVICE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-74004-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	74209	EVERENCE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-74209-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-74209-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	74454	CONNECTICUT LIFE INSURANCE AND ANNUITY CORPORATION
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	74780	INTEGRITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,024.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-74780-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-74780-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	74900	PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-74900-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-74900-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	75396	MISSISSIPPI VALLEY COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	76007	OLD UNITED LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,964.42
4/15/2017	\$3,964.42
5/15/2017	\$3,964.42
6/15/2017	\$3,964.42
7/15/2017	\$3,964.42
8/15/2017	\$3,964.42
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,786.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$839.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	76023	COLUMBIAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,491.74
4/15/2017	\$4,491.74
5/15/2017	\$4,491.74
6/15/2017	\$4,491.74
7/15/2017	\$4,491.74
8/15/2017	\$4,491.74
TOTAL INSTALLMENTS PAID IN 2017:	
	\$26,950.44

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$459.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-76023-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-76023-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	76112	OXFORD LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,740.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	76236	CINCINNATI LIFE INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,704.01
4/15/2017	\$7,704.01
5/15/2017	\$7,704.01
6/15/2017	\$7,704.01
7/15/2017	\$7,704.01
8/15/2017	\$7,704.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$46,224.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$794.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-76236-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-76236-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	76325	SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,469.02
4/15/2017	\$6,469.02
5/15/2017	\$6,469.02
6/15/2017	\$6,469.02
7/15/2017	\$6,469.02
8/15/2017	\$6,469.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$38,814.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,024.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-76325-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-76325-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	76694	LONDON LIFE REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-76694-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-76694-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	76759	SENIOR AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$883.68
4/15/2017	\$883.68
5/15/2017	\$883.68
6/15/2017	\$883.68
7/15/2017	\$883.68
8/15/2017	\$883.68
TOTAL INSTALLMENTS PAID IN 2017:	
	\$5,302.08

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$701.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	77119	SENTINEL AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-77119-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-77119-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	77399	STERLING LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,914.11
4/15/2017	\$2,914.11
5/15/2017	\$2,914.11
6/15/2017	\$2,914.11
7/15/2017	\$2,914.11
8/15/2017	\$2,914.11
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,484.66

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,582.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-77399-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-77399-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	77674	TOWN & COUNTRY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$473.67	
4/15/2017	\$473.67	
5/15/2017	\$473.67	
6/15/2017	\$473.67	
7/15/2017	\$473.67	
8/15/2017	\$473.67	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,842.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$190.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-77674-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-77674-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	77690	TRANS-CITY LIFE INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,803.49
4/15/2017	\$5,803.49
5/15/2017	\$5,803.49
6/15/2017	\$5,803.49
7/15/2017	\$5,803.49
8/15/2017	\$5,803.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,820.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,137.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	77720	LIFESECURE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,311.17
4/15/2017	\$1,311.17
5/15/2017	\$1,311.17
6/15/2017	\$1,311.17
7/15/2017	\$1,311.17
8/15/2017	\$1,311.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,867.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$440.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-77720-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-77720-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	77828	COMPANION LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$35,993.66	
4/15/2017	\$35,993.66	
5/15/2017	\$35,993.66	
6/15/2017	\$35,993.66	
7/15/2017	\$35,993.66	
8/15/2017	\$35,993.66	
TOTAL INSTALLMENTS PAID IN 2017:		\$215,961.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14,857.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-77828-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-77828-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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NAIC / Name	77879	5 STAR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,057.07
4/15/2017	\$8,057.07
5/15/2017	\$8,057.07
6/15/2017	\$8,057.07
7/15/2017	\$8,057.07
8/15/2017	\$8,057.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$48,342.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,048.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-77879-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-77879-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	77887	LIFE AND HEALTH INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

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web site: insurance.az.gov

NAIC / Name	77968	FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$13,604.10
4/15/2017	\$13,604.10
5/15/2017	\$13,604.10
6/15/2017	\$13,604.10
7/15/2017	\$13,604.10
8/15/2017	\$13,604.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$81,624.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,904.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-77968-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-77968-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	78077	MONY LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$32,557.89
4/15/2017	\$32,557.89
5/15/2017	\$32,557.89
6/15/2017	\$32,557.89
7/15/2017	\$32,557.89
8/15/2017	\$32,557.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$195,347.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,503.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	78093	FINANCIAL ASSURANCE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-78093-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	78301	CORVESTA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	78611	HCSC INSURANCE SERVICES COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-78611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-78611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	78662	SENIOR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,347.80	
4/15/2017	\$1,347.80	
5/15/2017	\$1,347.80	
6/15/2017	\$1,347.80	
7/15/2017	\$1,347.80	
8/15/2017	\$1,347.80	
TOTAL INSTALLMENTS PAID IN 2017:		\$8,086.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$121.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-78662-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-78662-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	78700	AETNA HEALTH AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,721.28
4/15/2017	\$1,721.28
5/15/2017	\$1,721.28
6/15/2017	\$1,721.28
7/15/2017	\$1,721.28
8/15/2017	\$1,721.28
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,327.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$287.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-78700-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-78700-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	78743	NEW ERA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$49.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-78743-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-78743-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	78778	GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,004.71
4/15/2017	\$1,004.71
5/15/2017	\$1,004.71
6/15/2017	\$1,004.71
7/15/2017	\$1,004.71
8/15/2017	\$1,004.71
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,028.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,076.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-78778-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-78778-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79014	SAFEHEALTH LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-79014-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-79014-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79022	TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,360.62
4/15/2017	\$1,360.62
5/15/2017	\$1,360.62
6/15/2017	\$1,360.62
7/15/2017	\$1,360.62
8/15/2017	\$1,360.62
TOTAL INSTALLMENTS PAID IN 2017:	
	\$8,163.72

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$748.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-79022-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-79022-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79057	SOUTHLAND NATIONAL INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$44.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-79057-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-79057-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	79065	DELAWARE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$556.56
4/15/2017	\$556.56
5/15/2017	\$556.56
6/15/2017	\$556.56
7/15/2017	\$556.56
8/15/2017	\$556.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$3,339.36

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,881.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-79065-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-79065-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79227	PRUCO LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$159,166.16
4/15/2017	\$159,166.16
5/15/2017	\$159,166.16
6/15/2017	\$159,166.16
7/15/2017	\$159,166.16
8/15/2017	\$159,166.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$954,996.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$44,376.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79413	UNITEDHEALTHCARE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,093,375.22
4/15/2017	\$2,093,375.22
5/15/2017	\$2,093,375.22
6/15/2017	\$2,093,375.22
7/15/2017	\$2,093,375.22
8/15/2017	\$2,093,375.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,560,251.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,436,507.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-79413-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-79413-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79782	ELECTRIC COOPERATIVE LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	79987	MEDICO CORP LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$19,073.56
4/15/2017	\$19,073.56
5/15/2017	\$19,073.56
6/15/2017	\$19,073.56
7/15/2017	\$19,073.56
8/15/2017	\$19,073.56
TOTAL INSTALLMENTS PAID IN 2017:	
	\$114,441.36

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,644.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-79987-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-79987-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	80020	MOUNTAIN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80020-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80020-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	80055	SMART INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	80314	UNICARE LIFE & HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$1,007.67	
4/15/2017	\$1,007.67	
5/15/2017	\$1,007.67	
6/15/2017	\$1,007.67	
7/15/2017	\$1,007.67	
8/15/2017	\$1,007.67	
TOTAL INSTALLMENTS PAID IN 2017:		\$6,046.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$827.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80314-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80314-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	80578	PHYSICIANS MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$68,496.05
4/15/2017	\$68,496.05
5/15/2017	\$68,496.05
6/15/2017	\$68,496.05
7/15/2017	\$68,496.05
8/15/2017	\$68,496.05
TOTAL INSTALLMENTS PAID IN 2017:	
	\$410,976.30

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$26,818.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80578-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80578-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	80659	CANADA LIFE ASSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,941.08
4/15/2017	\$1,941.08
5/15/2017	\$1,941.08
6/15/2017	\$1,941.08
7/15/2017	\$1,941.08
8/15/2017	\$1,941.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,646.48

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$300.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80659-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80659-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	80705	GREAT-WEST LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,302.36
4/15/2017	\$1,302.36
5/15/2017	\$1,302.36
6/15/2017	\$1,302.36
7/15/2017	\$1,302.36
8/15/2017	\$1,302.36
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,814.16

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$314.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	80799	CELTIC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$45.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80799-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80799-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	80802	SUN LIFE ASSURANCE COMPANY OF CANADA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$107,710.39
4/15/2017	\$107,710.39
5/15/2017	\$107,710.39
6/15/2017	\$107,710.39
7/15/2017	\$107,710.39
8/15/2017	\$107,710.39
TOTAL INSTALLMENTS PAID IN 2017:	
	\$646,262.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$19,446.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80802-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80802-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80896	CENTRE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,146.80
4/15/2017	\$2,146.80
5/15/2017	\$2,146.80
6/15/2017	\$2,146.80
7/15/2017	\$2,146.80
8/15/2017	\$2,146.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$12,880.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,104.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-80896-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-80896-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	80926	SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,274.14
4/15/2017	\$1,274.14
5/15/2017	\$1,274.14
6/15/2017	\$1,274.14
7/15/2017	\$1,274.14
8/15/2017	\$1,274.14
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,644.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$431.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80926-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80926-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	80942	VOYA INSURANCE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$771.22	
4/15/2017	\$771.22	
5/15/2017	\$771.22	
6/15/2017	\$771.22	
7/15/2017	\$771.22	
8/15/2017	\$771.22	
TOTAL INSTALLMENTS PAID IN 2017:		\$4,627.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$18,513.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80942-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80942-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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NAIC / Name	80985	4 EVER LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,307.64
4/15/2017	\$1,307.64
5/15/2017	\$1,307.64
6/15/2017	\$1,307.64
7/15/2017	\$1,307.64
8/15/2017	\$1,307.64
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,845.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$515.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-80985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-80985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81043	BANKERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$642.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-81043-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-81043-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81078	AMERICAN NETWORK INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81108	UNITED SECURITY HEALTH AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$274.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-81108-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-81108-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81132	LIFE OF AMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-81132-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-81132-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1697

web site: insurance.az.gov

NAIC / Name	81213	AMERICAN MATURITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-81213-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-81213-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81264	NIPPON LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-81264-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-81264-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81353	NYLIFE INSURANCE COMPANY OF ARIZONA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,438.84
4/15/2017	\$2,438.84
5/15/2017	\$2,438.84
6/15/2017	\$2,438.84
7/15/2017	\$2,438.84
8/15/2017	\$2,438.84
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,633.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$329.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1700

web site: insurance.az.gov

NAIC / Name	81396	DELTA DENTAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-81396-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-81396-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81418	AMERICAN MEDICAL AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	81426	COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-81426-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-81426-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81442	MONITOR LIFE INSURANCE COMPANY OF NEW YORK
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$842.07	
4/15/2017	\$842.07	
5/15/2017	\$842.07	
6/15/2017	\$842.07	
7/15/2017	\$842.07	
8/15/2017	\$842.07	
TOTAL INSTALLMENTS PAID IN 2017:		\$5,052.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$484.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-81442-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-81442-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	81604	TEB LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	81779	INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$27.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-81779-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-81779-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

web site: insurance.az.gov

NAIC / Name	81973	COVENTRY HEALTH AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-81973-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-81973-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

1707

web site: insurance.az.gov

NAIC / Name	82082	CITIZENS NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-82082-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-82082-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	82252	LANDMARK LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-82252-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	82368	HBI LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	82406	ALL SAVERS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$690,000.46
4/15/2017	\$690,000.46
5/15/2017	\$690,000.46
6/15/2017	\$690,000.46
7/15/2017	\$690,000.46
8/15/2017	\$690,000.46
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,140,002.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$122,668.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-82406-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-82406-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	82538	NATIONAL HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,230.50
4/15/2017	\$8,230.50
5/15/2017	\$8,230.50
6/15/2017	\$7,545.08
7/15/2017	\$7,545.08
8/15/2017	\$7,545.08
TOTAL INSTALLMENTS PAID IN 2017:	
	\$47,326.74

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,533.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-82538-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-82538-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	82627	SWISS RE LIFE & HEALTH AMERICA INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-82627-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-82627-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	82880	CSI LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,845.35
4/15/2017	\$3,845.35
5/15/2017	\$3,845.35
6/15/2017	\$3,845.35
7/15/2017	\$3,845.35
8/15/2017	\$3,845.35
TOTAL INSTALLMENTS PAID IN 2017:	
	\$23,072.10

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$846.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-82880-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-82880-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	83160	TEXAS SERVICE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-83160-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	83232	EVERGREEN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-83232-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	83445	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	83607	GUGGENHEIM LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,596.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-83607-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-83607-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	84174	ELCO MUTUAL LIFE AND ANNUITY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$781.07
4/15/2017	\$781.07
5/15/2017	\$781.07
6/15/2017	\$781.07
7/15/2017	\$781.07
8/15/2017	\$781.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,686.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,522.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84174-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84174-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	84506	PACIFICARE LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84506-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84506-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	84522	AUTO CLUB LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$37.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84522-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84522-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	84530	U.S. FINANCIAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,970.21
4/15/2017	\$4,970.21
5/15/2017	\$4,970.21
6/15/2017	\$4,970.21
7/15/2017	\$4,970.21
8/15/2017	\$4,970.21
TOTAL INSTALLMENTS PAID IN 2017:	
	\$29,821.26

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$557.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-84530-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	84549	SYMPHONIX HEALTH INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84549-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84549-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	84697	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84697-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84697-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	84786	COLORADO BANKERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,298.72
4/15/2017	\$2,298.72
5/15/2017	\$2,298.72
6/15/2017	\$2,298.72
7/15/2017	\$2,298.72
8/15/2017	\$2,298.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$13,792.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$372.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84786-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84786-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	84824	COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,867.97
4/15/2017	\$1,867.97
5/15/2017	\$1,867.97
6/15/2017	\$1,867.97
7/15/2017	\$1,867.97
8/15/2017	\$1,867.97
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,207.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,171.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-84824-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-84824-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85189	WESTERN UNITED LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,837.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-85189-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-85189-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	85286	FRESENIUS HEALTH PLANS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,030.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-85286-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-85286-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85413	REGIONS LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85472	NATIONAL SECURITY LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-85472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85502	TENNESSEE LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85561	MAPFRE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-85561-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-85561-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85766	UNITED CONCORDIA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$27,458.80
4/15/2017	\$27,458.80
5/15/2017	\$27,458.80
6/15/2017	\$27,458.80
7/15/2017	\$27,458.80
8/15/2017	\$27,458.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$164,752.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$12,557.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	85944	INVESTORS GROWTH LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86126	MEMBERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,771.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-86126-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-86126-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86231	TRANSAMERICA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$216,973.73
4/15/2017	\$216,973.73
5/15/2017	\$216,973.73
6/15/2017	\$216,973.73
7/15/2017	\$216,973.73
8/15/2017	\$216,973.73
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,301,842.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$65,690.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-86231-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-86231-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86240	CENSTAT LIFE ASSURANCE CO.
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86258	GENERAL RE LIFE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-86258-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-86258-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86355	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$7,908.51
4/15/2017	\$7,908.51
5/15/2017	\$7,908.51
6/15/2017	\$7,908.51
7/15/2017	\$7,908.51
8/15/2017	\$7,908.51
TOTAL INSTALLMENTS PAID IN 2017:	
	\$47,451.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,823.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-86355-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-86355-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86371	CLOVER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-86371-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-86371-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	86509	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,851.80
4/15/2017	\$2,851.80
5/15/2017	\$2,851.80
6/15/2017	\$2,851.80
7/15/2017	\$2,851.80
8/15/2017	\$2,851.80
TOTAL INSTALLMENTS PAID IN 2017:	
	\$17,110.80

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$4,105.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-86509-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-86509-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	86630	PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$13,766.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	87017	SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-87017-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-87017-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	87220	AGENTS REINSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	87289	GEORGIA PEOPLES LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	87394	MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	87572	SCOTTISH RE (U.S.), INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-87572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-87572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	87645	UNITED FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$32.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-87645-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-87645-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	87726	BRIGHTHOUSE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$116,762.88
4/15/2017	\$116,762.88
5/15/2017	\$116,762.88
6/15/2017	\$116,762.88
7/15/2017	\$116,762.88
8/15/2017	\$116,762.88
TOTAL INSTALLMENTS PAID IN 2017:	
	\$700,577.28

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$43,290.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-87726-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-87726-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	87963	NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,086.04
4/15/2017	\$1,086.04
5/15/2017	\$1,086.04
6/15/2017	\$1,086.04
7/15/2017	\$1,086.04
8/15/2017	\$1,086.04
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,516.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$400.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-87963-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-87963-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	88072	HARTFORD LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$5,734.09
4/15/2017	\$5,734.09
5/15/2017	\$5,734.09
6/15/2017	\$5,734.09
7/15/2017	\$5,734.09
8/15/2017	\$5,734.09
TOTAL INSTALLMENTS PAID IN 2017:	
	\$34,404.54

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,928.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-88072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-88072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	88080	OMAHA HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-88080-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-88080-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	88099	OPTIMUM RE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-88099-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-88099-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	88153	COLONIAL LIFE INSURANCE COMPANY OF TEXAS
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-88153-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-88153-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	88340	HANNOVER LIFE REASSURANCE COMPANY OF AMERICA
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

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web site: insurance.az.gov

NAIC / Name	88366	AMERICAN RETIREMENT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,552.16
4/15/2017	\$10,552.16
5/15/2017	\$10,552.16
6/15/2017	\$10,552.16
7/15/2017	\$10,552.16
8/15/2017	\$10,552.16
TOTAL INSTALLMENTS PAID IN 2017:	
	\$63,312.96

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,933.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-88366-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-88366-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	88536	PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$59.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-88536-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-88536-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	88595	EMPHEYS INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-88595-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-88595-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	88668	MUTUAL OF AMERICA LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,519.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-88668-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-88668-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	89087	ENTERPRISE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$543.68	
4/15/2017	\$543.68	
5/15/2017	\$543.68	
6/15/2017	\$543.68	
7/15/2017	\$543.68	
8/15/2017	\$543.68	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,262.08

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$369.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-89087-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-89087-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	89184	STERLING INVESTORS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$390.00	
4/15/2017	\$390.00	
5/15/2017	\$390.00	
6/15/2017	\$390.00	
7/15/2017	\$390.00	
8/15/2017	\$390.00	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,340.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$202.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-89184-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-89184-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	89206	OHIO NATIONAL LIFE ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$20,198.62
4/15/2017	\$20,198.62
5/15/2017	\$20,198.62
6/15/2017	\$20,198.62
7/15/2017	\$20,198.62
8/15/2017	\$20,198.62
TOTAL INSTALLMENTS PAID IN 2017:	
	\$121,191.72

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,494.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-89206-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-89206-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	89427	AMERICAN LABOR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$23.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	89518	VALUE HEALTH REINSURANCE, INC.
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	89958	SHELTERPOINT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-89958-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-89958-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	90212	GREAT SOUTHERN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,816.02
4/15/2017	\$1,816.02
5/15/2017	\$1,816.02
6/15/2017	\$1,816.02
7/15/2017	\$1,816.02
8/15/2017	\$1,816.02
TOTAL INSTALLMENTS PAID IN 2017:	
	\$10,896.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$273.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-90212-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-90212-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	90247	RX LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$383.28	
4/15/2017	\$383.28	
5/15/2017	\$383.28	
6/15/2017	\$383.28	
7/15/2017	\$383.28	
8/15/2017	\$383.28	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,299.68

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$563.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-90247-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	90328	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,061.20
4/15/2017	\$1,061.20
5/15/2017	\$1,061.20
6/15/2017	\$1,061.20
7/15/2017	\$1,061.20
8/15/2017	\$1,061.20
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,367.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$503.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-90328-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-90328-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	90557	ZURICH AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$8,176.45
4/15/2017	\$8,176.45
5/15/2017	\$8,176.45
6/15/2017	\$8,176.45
7/15/2017	\$16,352.90
TOTAL INSTALLMENTS PAID IN 2017:	
	\$49,058.70

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,278.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-90557-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-90557-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	90581	SYMETRA NATIONAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-90581-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-90581-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	90611	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$77,178.89
4/15/2017	\$77,178.89
5/15/2017	\$77,178.89
6/15/2017	\$77,178.89
7/15/2017	\$77,178.89
8/15/2017	\$77,178.89
TOTAL INSTALLMENTS PAID IN 2017:	
	\$463,073.34

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$95,138.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-90611-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-90611-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	90638	BEST LIFE AND HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,219.27
4/15/2017	\$1,219.27
5/15/2017	\$1,219.27
6/15/2017	\$1,219.27
7/15/2017	\$1,219.27
8/15/2017	\$1,219.27
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,315.62

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$588.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-90638-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-90638-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	91111	M&T LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	91472	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$31,156.59
4/15/2017	\$31,156.59
5/15/2017	\$31,156.59
6/15/2017	\$31,156.59
7/15/2017	\$31,156.59
8/15/2017	\$31,156.59
TOTAL INSTALLMENTS PAID IN 2017:	
	\$186,939.54

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,706.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-91472-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-91472-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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web site: insurance.az.gov

NAIC / Name	91529	UNIMERICA INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,283.01
4/15/2017	\$1,283.01
5/15/2017	\$1,283.01
6/15/2017	\$1,283.01
7/15/2017	\$1,283.01
8/15/2017	\$1,283.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$7,698.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$808.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-91529-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-91529-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	91596	NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$86,292.14	
4/15/2017	\$86,292.14	
5/15/2017	\$86,292.14	
6/15/2017	\$86,292.14	
7/15/2017	\$86,292.14	
8/15/2017	\$86,292.14	
TOTAL INSTALLMENTS PAID IN 2017:		\$517,752.84

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$72,010.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-91596-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-91596-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	91626	NEW ENGLAND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,330.70
4/15/2017	\$11,330.70
5/15/2017	\$11,330.70
6/15/2017	\$11,330.70
7/15/2017	\$11,330.70
8/15/2017	\$11,330.70
TOTAL INSTALLMENTS PAID IN 2017:	
	\$67,984.20

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$853.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-91626-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-91626-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	91642	FORETHOUGHT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,838.22
4/15/2017	\$6,838.22
5/15/2017	\$6,838.22
6/15/2017	\$6,838.22
7/15/2017	\$6,838.22
8/15/2017	\$6,838.22
TOTAL INSTALLMENTS PAID IN 2017:	
	\$41,029.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$21,874.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-91642-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-91642-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	91693	IA AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$375.23
4/15/2017	\$375.23
5/15/2017	\$375.23
6/15/2017	\$375.23
7/15/2017	\$375.23
8/15/2017	\$375.23
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,251.38

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$30.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-91693-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-91693-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	91785	EQUITABLE NATIONAL LIFE INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-91785-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-91785-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	91898	LIFECARE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	91910	AMERICAN SAVINGS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$610.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	92274	LANDCAR LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92274-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92274-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	92444	COMPANION LIFE INSURANCE COMPANY OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92444-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92444-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	92525	TRUASSURE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$486.33
4/15/2017	\$486.33
5/15/2017	\$486.33
6/15/2017	\$486.33
7/15/2017	\$486.33
8/15/2017	\$486.33
TOTAL INSTALLMENTS PAID IN 2017:	
	\$2,917.98

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$143.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92525-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92525-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	92622	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$3,127.17
4/15/2017	\$3,127.17
5/15/2017	\$3,127.17
6/15/2017	\$3,127.17
7/15/2017	\$3,127.17
8/15/2017	\$3,127.17
TOTAL INSTALLMENTS PAID IN 2017:	
	\$18,763.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$994.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-92622-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-92622-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	92649	AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

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web site: insurance.az.gov

NAIC / Name	92657	NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$53,602.47
4/15/2017	\$53,602.47
5/15/2017	\$53,602.47
6/15/2017	\$53,602.47
7/15/2017	\$53,602.47
8/15/2017	\$53,602.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$321,614.82

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$28,668.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92657-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92657-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	92703	UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$117.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92703-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92703-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	92711	HCC LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$45,169.92	
4/15/2017	\$45,169.92	
5/15/2017	\$45,169.92	
6/15/2017	\$45,169.92	
7/15/2017	\$45,169.92	
8/15/2017	\$45,169.92	
TOTAL INSTALLMENTS PAID IN 2017:		\$271,019.52

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$10,341.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92711-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92711-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	92738	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$69,114.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92738-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	92908	TIER ONE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92908-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92908-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	92916	UNITED AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$18,203.07
4/15/2017	\$18,203.07
5/15/2017	\$18,203.07
6/15/2017	\$18,203.07
7/15/2017	\$18,203.07
8/15/2017	\$18,203.07
TOTAL INSTALLMENTS PAID IN 2017:	
	\$109,218.42

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$8,706.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-92916-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-92916-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93262	PENN INSURANCE AND ANNUITY COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$11,956.82
4/15/2017	\$11,956.82
5/15/2017	\$11,956.82
6/15/2017	\$11,956.82
7/15/2017	\$11,956.82
8/15/2017	\$11,956.82
TOTAL INSTALLMENTS PAID IN 2017:	
	\$71,740.92

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,133.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93262-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93262-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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NAIC / Name	93432	C.M. LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,956.54
4/15/2017	\$9,956.54
5/15/2017	\$9,956.54
6/15/2017	\$9,956.54
7/15/2017	\$9,956.54
8/15/2017	\$9,956.54
TOTAL INSTALLMENTS PAID IN 2017:	
	\$59,739.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,408.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93432-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93432-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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NAIC / Name	93440	HM LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$17,290.13
4/15/2017	\$17,290.13
5/15/2017	\$17,290.13
6/15/2017	\$17,290.13
7/15/2017	\$17,290.13
8/15/2017	\$17,290.13
TOTAL INSTALLMENTS PAID IN 2017:	
	\$103,740.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$3,385.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93440-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93440-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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NAIC / Name	93459	PAN-AMERICAN ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$411.54	
4/15/2017	\$411.54	
5/15/2017	\$411.54	
6/15/2017	\$411.54	
7/15/2017	\$411.54	
8/15/2017	\$411.54	
TOTAL INSTALLMENTS PAID IN 2017:		\$2,469.24

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$50.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93459-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93459-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	93521	GENERAL FIDELITY LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$17.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93521-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93521-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
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web site: insurance.az.gov

NAIC / Name	93548	PHL VARIABLE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$10,440.00
4/15/2017	\$10,440.00
5/15/2017	\$10,440.00
6/15/2017	\$10,440.00
7/15/2017	\$10,440.00
8/15/2017	\$10,440.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$62,640.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$5,560.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93548-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93548-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93572	RGa REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93572-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93572-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	93610	JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,611.40
4/15/2017	\$4,611.40
5/15/2017	\$4,611.40
6/15/2017	\$4,611.40
7/15/2017	\$4,611.40
8/15/2017	\$4,611.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$27,668.40

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$2,193.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93610-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93610-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93629	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,185.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93629-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93629-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93661	ANNUITY INVESTORS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$525.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93661-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93661-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93688	QCC INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93688-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93688-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93696	FIDELITY INVESTMENTS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$685.10
4/15/2017	\$685.10
5/15/2017	\$685.10
6/15/2017	\$685.10
7/15/2017	\$685.10
8/15/2017	\$685.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,110.60

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$963.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93696-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93696-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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NAIC / Name	93734	PHOENIX LIFE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$312.13	
4/15/2017	\$312.13	
5/15/2017	\$312.13	
6/15/2017	\$312.13	
7/15/2017	\$312.13	
8/15/2017	\$312.13	
TOTAL INSTALLMENTS PAID IN 2017:		\$1,872.78

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$36.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93734-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93734-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
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NAIC / Name	93742	SECURIAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$28,819.01
4/15/2017	\$28,819.01
5/15/2017	\$28,819.01
6/15/2017	\$28,819.01
7/15/2017	\$28,819.01
8/15/2017	\$28,819.01
TOTAL INSTALLMENTS PAID IN 2017:	
	\$172,914.06

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,920.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-93742-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-93742-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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web site: insurance.az.gov

NAIC / Name	93777	PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,427.72
4/15/2017	\$2,427.72
5/15/2017	\$2,427.72
6/15/2017	\$2,427.72
7/15/2017	\$2,427.72
8/15/2017	\$2,427.72
TOTAL INSTALLMENTS PAID IN 2017:	
	\$14,566.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$452.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-93777-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-93777-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	93793	MIAMI VALLEY INSURANCE COMPANY, THE
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

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web site: insurance.az.gov

NAIC / Name	93815	PACIFIC CENTURY LIFE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	94072	GENWORTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-94072-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-94072-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	94218	COUNTRY INVESTORS LIFE ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,988.46
4/15/2017	\$1,988.46
5/15/2017	\$1,988.46
6/15/2017	\$1,988.46
7/15/2017	\$1,988.46
8/15/2017	\$1,988.46
TOTAL INSTALLMENTS PAID IN 2017:	
	\$11,930.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$682.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-94218-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-94218-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	94250	BANNER LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$53,309.49
4/15/2017	\$53,309.49
5/15/2017	\$53,309.49
6/15/2017	\$53,309.49
7/15/2017	\$53,309.49
8/15/2017	\$53,309.49
TOTAL INSTALLMENTS PAID IN 2017:	
	\$319,856.94

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$6,711.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-94250-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-94250-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	94358	USABLE LIFE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$1,062.02
4/15/2017	\$5,310.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$6,372.12

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$372.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-94358-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-94358-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	94498	STATE FARM HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-94498-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-94498-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	94587	MEMBERS HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	94633	BUCKTAIL LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	95109	AETNA HEALTH INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$300,286.48
4/15/2017	\$300,286.48
5/15/2017	\$300,286.48
6/15/2017	\$300,286.48
7/15/2017	\$300,286.48
8/15/2017	\$300,286.48
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,801,718.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-95109-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-95109-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95125	CIGNA HEALTHCARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$184,440.47
4/15/2017	\$184,440.47
5/15/2017	\$184,440.47
6/15/2017	\$184,440.47
7/15/2017	\$184,440.47
8/15/2017	\$184,440.47
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,106,642.82

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95206	HEALTH NET OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$91,863.60
4/15/2017	\$91,863.60
5/15/2017	\$91,863.60
6/15/2017	\$91,863.60
7/15/2017	\$91,863.60
8/15/2017	\$91,863.60
TOTAL INSTALLMENTS PAID IN 2017:	
	\$551,181.60

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95224	PREMIER CHOICE DENTAL, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95330	PRESBYTERIAN HEALTH PLAN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-95330-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-95330-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95366	ALPHA DENTAL OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$6,580.40
4/15/2017	\$6,580.40
5/15/2017	\$6,580.40
6/15/2017	\$6,580.40
7/15/2017	\$6,580.40
8/15/2017	\$6,580.40
TOTAL INSTALLMENTS PAID IN 2017:	
	\$39,482.40

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95434	PACIFICARE OF COLORADO, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-95434-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-95434-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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web site: insurance.az.gov

NAIC / Name	95617	PACIFICARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95710	UNITEDHEALTHCARE OF WISCONSIN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-95710-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-95710-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95885	HUMANA HEALTH PLAN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-95885-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-95885-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	95982	MEDISUN, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$35,529.24
4/15/2017	\$35,529.24
5/15/2017	\$35,529.24
6/15/2017	\$35,529.24
7/15/2017	\$35,529.24
8/15/2017	\$35,529.24
TOTAL INSTALLMENTS PAID IN 2017:	
	\$213,175.44

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	96016	UNITEDHEALTHCARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$319,105.10
4/15/2017	\$319,105.10
5/15/2017	\$319,105.10
6/15/2017	\$319,105.10
7/15/2017	\$319,105.10
8/15/2017	\$319,105.10
TOTAL INSTALLMENTS PAID IN 2017:	
	\$1,914,630.60

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97071	SCOR GLOBAL LIFE USA REINSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97136	METROPOLITAN TOWER LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$4,521.00
4/15/2017	\$4,521.00
5/15/2017	\$4,521.00
6/15/2017	\$4,521.00
7/15/2017	\$4,521.00
8/15/2017	\$4,521.00
TOTAL INSTALLMENTS PAID IN 2017:	
	\$27,126.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$480.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97136-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97136-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97152	PLATEAU INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$16.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-97152-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-97152-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97179	UNITEDHEALTHCARE LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$63,703.34
4/15/2017	\$63,703.34
5/15/2017	\$63,703.34
6/15/2017	\$63,703.34
7/15/2017	\$63,703.34
8/15/2017	\$63,703.34
TOTAL INSTALLMENTS PAID IN 2017:	
	\$382,220.04

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$14,662.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-97179-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-97179-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97241	SETTLERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$799.96
4/15/2017	\$799.96
5/15/2017	\$799.96
6/15/2017	\$799.96
7/15/2017	\$799.96
8/15/2017	\$799.96
TOTAL INSTALLMENTS PAID IN 2017:	
	\$4,799.76

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$86.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-97241-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-97241-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
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web site: insurance.az.gov

NAIC / Name	97268	PACIFIC LIFE & ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$554.31	
4/15/2017	\$554.31	
5/15/2017	\$554.31	
6/15/2017	\$554.31	
7/15/2017	\$554.31	
8/15/2017	\$554.31	
TOTAL INSTALLMENTS PAID IN 2017:		\$3,325.86

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$87.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97292	MAGELLAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-97292-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-97292-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97691	LIFE OF THE SOUTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$35.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97691-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97691-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

web site: insurance.az.gov

NAIC / Name	97705	DIRECT GENERAL LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97705-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97705-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2017

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web site: insurance.az.gov

NAIC / Name	97721	THRIVENT LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$436.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97721-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97721-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97764	IDEALIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$19.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97764-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97764-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97772	US HEALTH AND LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97772-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97772-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	97985	LIFEMAP ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-97985-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-97985-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	98205	NATIONAL FOUNDATION LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$2,731.95
4/15/2017	\$2,731.95
5/15/2017	\$2,731.95
6/15/2017	\$2,731.95
7/15/2017	\$2,731.95
8/15/2017	\$2,731.95
TOTAL INSTALLMENTS PAID IN 2017:	
	\$16,391.70

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,045.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-98205-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-98205-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

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for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	98426	SOUTHWEST EQUITY LIFE INSURANCE COMPANY
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/31/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	99724	LIFESHIELD NATIONAL INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$24.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-99724-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00
HCA18-99724-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2017**

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web site: insurance.az.gov

NAIC / Name	99775	FUNERAL DIRECTORS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid	
3/15/2017	\$3,136.22	
4/15/2017	\$3,136.22	
5/15/2017	\$3,136.22	
6/15/2017	\$3,136.22	
7/15/2017	\$3,136.22	
8/15/2017	\$3,136.22	
TOTAL INSTALLMENTS PAID IN 2017:		\$18,817.32

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$633.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA18-99775-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

Arizona Department of Insurance Tax Section
 2910 North 44th Street, # 210, Phoenix, AZ 85018-7269
ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2017**

Print Page

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web site: insurance.az.gov

NAIC / Name	99937	COLUMBUS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Print the page(s) shown in the upper right corner of this Annual Taxes & Fees document that apply to the insurer. Some insurer will have more than one page (see footer). Include with any other required forms. DUE DATE: 3/1/2018

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated. **ALSO INCLUDE ON THE INSURER'S RETALIATION REPORT**

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount **EXCLUDES** any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2017	\$9,133.67
4/15/2017	\$9,133.67
5/15/2017	\$9,133.67
6/15/2017	\$9,133.67
7/15/2017	\$9,133.67
8/15/2017	\$9,133.67
TOTAL INSTALLMENTS PAID IN 2017:	
	\$54,802.02

FORM E-TC: TAX CREDITS AND OFFSETS The insurer may be eligible for a tax credit. See Form E-TC.

Our records show the insurer should have recently received a guaranty fund assessment in the amount of \$1,422.00. If the insurer paid the assessment, the insurer is entitled to an offset against its premium tax liability of 20% of the assessment amount for each, the year of assessment and for each of the succeeding four years. ARS §§ 20-674(B), 20-692(B). Provide a copy of the Certificate of Contribution you received from our Guaranty Funds office along with with your premium tax report (Form E-TAX), tax credits report (Form E-TC), copy of this page of the Data Sheet, and any other required forms.

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2017

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA18-99937-ACT	Health Care Appeals Fund [ARS § 20-2541(2)]	\$150.00
FRA18-99937-ACT	Fraud Unit Assessment [ARS §§ 20-466(J), 20-441(B) et al]	\$1,050.00

